

M150000593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

643 WS-31314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 02 2015
S. YOUNG



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15 JUL -1 PM 2:46

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 4, 2015

SONYA L LANEY
PO BOX 291209
PORT ORANGE, FL 32129

SUBJECT: SONAA CONSULTING, LLC
Ref. Number: W15000031314

We have received your document for SONAA CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 215A00009121

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15 APR 24 PM 3:00
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sonaa Consulting LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sonya L Laney
Name of Person

Firm/Company

PO Box 291209
Address

Port Orange FL 32129
City/State and Zip Code

slaney@sonyalaney.com
E-mail address: (to be used for future annual report notification)

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15 APR 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sonya Laney at (**386**) **761-8500**
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Sonaa Consulting, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L L C," or "LLC.")

2. Deleware 3. 47-3197273
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/22/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5131 S Ridgewood Avenue Suite F
Port Orange, FL 32127
(Street Address of Principal Office)

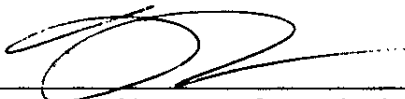
6. PO Box 291209
Port Orange FL 32127
(Mailing Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Sonya Laney, Manager
PO Box 291209, Port Orange, FL 32129
5400 S Williamson Blvd. #2-106, Port Orange FL 32128

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.)

Sonya L. Laney

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Sonaa Consulting, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Sonya Laney

(Name)

5131 S Ridgewood Avenue Suite F

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Port Orange

FL 32127

City/State/Zip

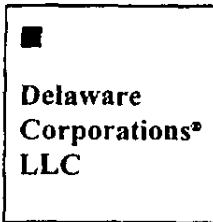
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15 APR 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



"We know Delaware"®

The Corporate Plaza
800 Delaware Avenue
P.O. Box 8702
Wilmington, DE 19899
Telephone: 302-652-7580
Toll-free: 888-279-9100
Fax: 302-652-8597
E-mail: info@delawarecorp.com

Dear Customer:

Delaware Corporations LLC ("DCLLC") provides the office and agent for service of process only. Any use of DCLLC's name and address must be authorized in advance with DCLLC. In the event that you desire a mail forwarding service, you may contact our offices to set up such a service.

The furnishing of an office/agent does not include permission to use DCLLC's address as a general business address, mailing address, address for state or federal tax returns, or any other reason not authorized by DCLLC.

DCLLC accepts no responsibility for any items received pursuant to an unauthorized use of DCLLC's address, regardless of whether the use was due to the fault of our customer or of a third party sender.

Any change of address or other delivery instructions must be communicated to DCLLC to make sure that your company has the ability to respond to legal service of process or any other communication from the State of Delaware in a timely fashion.

We appreciate your cooperation and welcome this opportunity to serve you.

FILED
15 APR 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:55 AM 02/16/2015
FILED 11:51 AM 02/16/2015
SRV 150201154 - 5693537 FILE

CERTIFICATE OF FORMATION

OF

Sonaa Consulting LLC

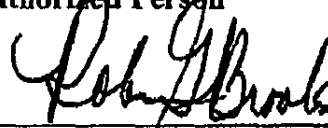
This Certificate of Formation of Sonaa Consulting LLC the ("Company"), is being executed by the undersigned for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act.

- 1. The name of the Company is Sonaa Consulting LLC.**
- 2. The address of the registered office of the Company in Delaware is c/o 800 Delaware Ave., City of Wilmington, New Castle County 19801.**
- 3. The name and address of the Company's registered agent at that address is Delaware Corporations LLC, 800 Delaware Ave. City of Wilmington, New Castle County 19801.**

IN WITNESS WHEREOF, the undersigned, an authorized person, has caused this Certificate of Formation to be duly executed as of the 16th day of February, 2015.

**DELAWARE CORPORATIONS LLC,
Authorized Person**

By:



Robin G. Brooks, Vice President



**Florida Department of Revenue
Reemployment Tax *
Potential Liability Notice**

RTS-FL30R
R. 01/13
04/07/15

Business Partner # : N/A
FEIN : 47-3197273

SONAA CONSULTING LLC
5400 S WILLIAMSON BLVD APT 2-106
PORT ORANGE FL 32128-6531

According to the Internal Revenue Service (IRS), you were recently assigned the Federal Employer Identification Number (FEIN) shown above.

If you employ people in Florida and meet any of the criteria listed below, you may be liable to pay reemployment tax.

- You have a \$1,500 quarterly payroll or employed at least one worker for 20 weeks in a calendar year. Corporate officers performing services are considered employees (includes "S" corporations).
- You have a 501(c)(3) IRS exemption and employed four or more workers for 20 weeks in a calendar year. (Churches and church owned organizations are exempt.)
- You are an agricultural employer with a \$10,000 quarterly payroll or have at least five workers for 20 weeks in a calendar year.
- You pay \$1,000 in a quarter for domestic services in your private home or college club.
- You are liable for federal unemployment taxes.

If you meet any of the criteria listed above (currently or in the future), contact the Department so you can register and fulfill your reemployment tax obligation in Florida. You can register through our Internet site at www.myflorida.com/dor. The site guides you through an application interview that will help you complete your registration. If you do not have Internet access, you can complete a paper *Florida Business Tax Application (Form DR-1)*. You may download the form from our Internet site or order a copy to be mailed to you.

If you do not meet any of the criteria listed above, please disregard this notice.

If you have questions, please call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET at 800-352-3671.

Please send written correspondence to:

Account Management
Florida Department of Revenue
P.O. Box 6510
Tallahassee, FL 32314-6510

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15 APR 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* Formerly Unemployment Tax

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SONAA CONSULTING LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SIXTEENTH DAY OF FEBRUARY, A.D. 2015, AT 11:51 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "SONAA CONSULTING LLC".

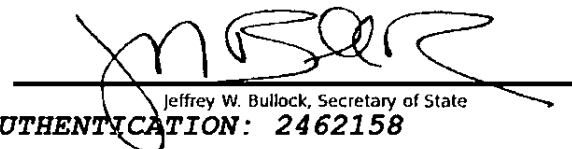
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
15 APR 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5693537 8310

150757441




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2462158

DATE: 06-12-15