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To:

Division of Corporations

Fax Number : (850) 617-6383

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### Foreign Limited Liability Company Intuitive Solutions, LLC

Certificate of Status	0
Certified Copy	0
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### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT: Intuitive Solutions, LLC			
-		ne of Limite	d Liability Company	
The enc Existence	losed "Application by Foreign Limited Lial ee, and check are submitted to register the a	bility Com bove refer	pany for Authorization to 1 renced foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida
Picase n	etum all correspondence concerning this m	atter to the	collowing:	
	Estela Hernandez			
		N	ame of Person	
	Inquitive Solutions, LLC			
		F	irm/Company	
	17890 Blanco RD Suite 444			Top it
			Address	TPA E T
	San Antonio, TX 78232			短 1
		City/S	itate and Zip Code	FIG. E
	E-mail address	: (to be use	d for future annual report noti	fication)
For furt	her information concerning this matter, plea	ase call;		€ 58 58
			at ()	
	Name of Contact Person		Arca Code I	Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registr Clifton 2661 E	ET ADDRESS: on of Corporations ration Section Building executive Center Circle assee, FL 32301	
Enclos	ted is a check for the following amount of \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	ng Fee &	☐ \$155.00 Filing Fee & Certified Capy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

] Intuitive Solutions, 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 atlability Company," "L.L.C," or "LLC.")	hernate name must include "Limited
Texas 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, company is organized)	, if applicable)
05/01/2015	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
17890 Blanco RD Suite 444, San Antonio, TX 78232	
(Street Address of Principal Office)	च्या ज
17890 Blanco RD Suite 444, San Amonio, TX 78232	
11000 Delice 171 Gel 1 mileting 122 1 0 2 2	到高 [
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authori	والرا مسار
Jamés H. BODENSTEDT, Manager	
17890 Blanco Road, Suite 444, San Antonio, TX 7823	2 3 7 0
	<u></u>
3. Attached is an original certificate of existence, no more than 90 days old, duly	authenticated by the official
eaving custody of records in the jurisdiction under the law of which it is organize	
ecceptable. If the certificate is in a foreign language, a translation of the certificat nust be submitted)	
Dawing Chemn	
Signature of an authorized person as eccurdance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties makes that any false information submitted in a document to the Department of State constitutes a third degree felony	
Dawson Bremer Chaff Light officer Typed or printed name of signee	
Typed or printed name of signee	

1. The name of the Limited Liability Company is:

# 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.

2. The name and the Florida street address of the registered agent and office are:					
	C T Corporation System	ı	- The 5		
		(Name)	三名言		
	1200 South Pine Island	Road	沙海 上		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		The F		
	Plantation	FL 33324	22		
		City/State/Zip	,		
liability compa registered age statutes relatin	any at the place designa nt and agree to act in th ng to the proper and con	nt and to accept service of process for the a ted in this certificate, I hereby accept the a is capacity. I further agree to comply with aplete performance of my duties, and I am as registered agent as provided for in Chap	ppointment as 1 the provisions of all familiar with and		
	C T Corporation Syst	iem and with			

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

(Signature)

8/7/2015 10:33:20 AM From: To: 8506176383( 5/5 )

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for INTUITIVE SOLUTIONS, LLC (file number 801568010), a Domestic Limited Liability Company (LLC), was filed in this office on March 19, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 04, 2015.



Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sox.state.tx.us/ Fax: (512) 463-5709

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Phone: (512) 463-5555 Prepared by: SOS-WEB