# MV0000000504

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	$\sqrt{}$	

Office Use Only



08/12/16--01018--009 \*\*125.00

6 AUG 12 AM II: 50 EGRELARY OF STATE LI ANASSEE FLORIN

#### COVER LETTER

Registration Section Division of Corporations

·TG:

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:
Lauren Slouignter Name of Person
Progressive Organizing Solutions, LLC
100 East Grand Ave St. #380
Des Moines, Towa 50309  City/State and Zip Code
Lauren @ progressive organizing solutions. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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:    Status   Certificate   Certificate

### 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: Yessive Organizing Solutions, LLC.

Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Progressive (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.") Towa (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Arand 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NORTHWEST REGISTERED AGENT LLC Name: 3030 N. ROCKY POINT DRIVE, STE 150A Office Address: , Florida 33607 (Zip code) **TAMPA** (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Slaughter, Operations Manager 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

of the translator must be submitted)

Lauren Slaughter
Typed or printed name of signee

## IOWA SECRETARY OF STATE PAUL D. PATE



#### CERTIFICATE OF EXISTENCE

Date: 7/8/2016

Name: PROGRESSIVE ORGANIZING SOLUTIONS, LLC (489DLC - 472840)

Date of Incorporation: 2/12/2014

**Duration: PERPETUAL** 

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of lowa.
  - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Sccretary of State.
  - d. The Secretary of State has not administratively dissolved the limited liability company.
  - c. The Secretary of State has not filed either a statement of dissolution or statement of termination.

16 AUG 12 AM II: 56
SECRETANY OF STATE
AND AUGUST OF STATE

Certificate ID: CS123901

To validate certificates visit:

sos.lowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State