

m17000000502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

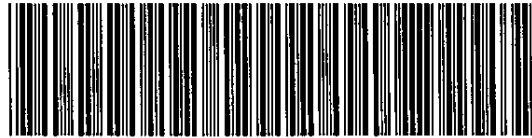
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert. name W17-546

Office Use Only



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01/03/17--01022--018 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 17 P 4:09

FILED

S Warren

JAN 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2017

ROBERT POLANCO
1900 N. UNIVERSITY DRIVE, SUITE 102
PEMBROKE PINES, FL 33436

SUBJECT: POLANCO CONSULTING SERVICES, LLC
Ref. Number: W17000000546

We have received your document for POLANCO CONSULTING SERVICES, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P13000042864 POLANCO CONSULTING SERVICES, INC..

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.

Stacey M Warren

Regulatory Specialist II

Letter Number: 317A00000191

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLANCO CONSULTING SERVICES, 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:

Robert Polanco
Name of Person

POLANCO CONSULTING SERVICES, LLC
Firm/Company

1900 N. UNIVERSITY DRIVE STE 102
Address

PENSACOLA PINES, FL 33436
City/State and Zip Code

ROBERT.POLANCO@POLANCOCONSULTINGSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Polanco at (561) 239-0516
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 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:

1. POLANCO CONSULTING SERVICES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PCS2, 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. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1-3-2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1900 N. UNIVERSITY DRIVE SUITE 102
PEMBROKE PINES FL, 33024
(Street Address of Principal Office)

6. 1900 N. UNIVERSITY DRIVE SUITE 102
PEMBROKE PINES, FL 33024
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert Polanco
Office Address: 1900 N. UNIVERSITY DRIVE
PEMBROKE PINES, Florida 33436
(City) (Zip code)

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 comply with 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.

[Signature]
(Registered agent's signature)

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

ROBERT POLANCO - PRESIDENT
RAMONJA POLANCO - VICE PRESIDENT

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 of the translator must be submitted)

[Signature]
Signature of an authorized person

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.

[Signature]
Typed or printed name of signee

FILED
JAN 17 P 4:09
CLERK OF STATE
OF FLORIDA

STATEMENT OF AUTHORIZED PERSON

IN LIEU OF ORGANIZATIONAL MEETING
FOR
Polanco Consulting Services, LLC
December 16, 2016

We, Harvard Business Services, Inc., the Authorized Person of Polanco Consulting Services, LLC -- a Delaware Limited Liability Company -- hereby adopt the following resolution pursuant to Section 18-201 of the Delaware Limited Liability Company Act:

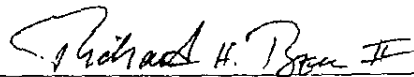
Resolved: That the Certificate of Formation of Polanco Consulting Services, LLC was filed with the Secretary of State of Delaware on December 16, 2016.

Resolved: That on December 16, 2016 the following persons were appointed as the initial Managing Members of the Limited Liability Company until their successors are elected and qualify:

Robert Polanco
Ramona Polanco

Resolved: That the undersigned signatory hereby resigns as the authorized person of the above named Limited Liability Company.

This resolution shall be filed in the minute book of the company.



Harvard Business Services, Inc., Authorized Person
By: Richard H. Bell, II, President

*** This document is not part of the public record. Keep it in a safe place. ***

FILED
2017 JAN 17 P 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

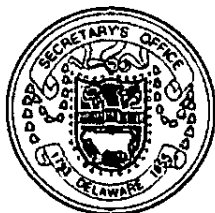
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POLANCO CONSULTING SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POLANCO CONSULTING SERVICES, LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2016.

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



6251166 8300

SR# 20170147940

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201846507

Date: 01-10-17