

MI170000001026

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

title W16-57059  
cert  
2/6/17  
verified all info current, got  
title from Vincent Harris. (Signature)

Office Use Only



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08/15/16--01035--004 \*\*125.00

SECRETARY OF STATE  
TAMM FEB -3 P 3:18  
TALLAHASSEE, FLORIDA

FILED

S Warren  
FEB 06 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2016

VINCENT HARRIS  
6670 VILLA SONRISA DR, APT. 222  
BOCA RATON, FL 33433

SUBJECT: SMART SUPPORT PROFESSIONALS LLC  
Ref. Number: W16000057059

We have received your document for SMART SUPPORT PROFESSIONALS 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

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: 516A00017390



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. Smart Support Professionals 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. North Dakota 3. 46-4130299
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/7/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1844 10th St. N. Apt. 226
Fargo, ND 58105
(Street Address of Principal Office)

6. 6670 Villa Sonrisa Dr. Apt. 222
Boca Raton, FL 33433
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Vincent Harris
Office Address: 6670 Villa Sonrisa Dr. Apt. 222
Boca Raton, Florida 33433
(City) (Zip code)

FILED
017 FEB - 3 P 3: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Vincent Harris
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Vincent Harris - CEO
6670 Villa Sonrisa Dr. Apt. 222
Boca Raton, FL 33433

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)

Vincent Harris
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.

Vincent Harris
Typed or printed name of signee

# *State of North Dakota*

## SECRETARY OF STATE



### CERTIFICATE OF GOOD STANDING OF

SMART SUPPORT PROFESSIONALS LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that SMART SUPPORT PROFESSIONALS LLC, a North Dakota LIMITED LIABILITY COMPANY, was issued a certificate of organization which was effective on May 18, 2012 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

SMART SUPPORT PROFESSIONALS LLC

Issued: February 06, 2017

A handwritten signature in cursive script that reads "Alvin Jaeger".

Alvin Jaeger  
Secretary of State