M17000001326

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PICK-UP WAIT MAIL
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FEB 13 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2017

LATOYA ATWELL 6232 SPRING FOREST CIR JACKSONVILLE, FL 32216

SUBJECT: ASTUTE PROPERTY SOLUTIONS, LLC

Ref. Number: W17000006552

We have received your document for ASTUTE PROPERTY SOLUTIONS, 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.

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: 717A00001496

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Astute Property Solutions, 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:
LaToya Artwell Name of Person
Firm/Company
6232 Spring Forest Cir
Jacksonville, Fl 32216 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LaToya Atwell at 964 729-5547 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: Extra S125.00 Filing Fee

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ule Propierty Schutions, 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, it applicable) 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) 60232 Spring Forest Cir Sacksonville, Fl 3221()
(Street Address of Principal Office) Jacksonville, F1 32216 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Business Fillings Incorporated Name: 1200 South Pine Island Road Office Address: , Florida 33324 (Zip code) Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. by Jo Spalinan, Asst. Secretary
(Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; aToin Atwell Manager, 6232 Spring Forest Cir, 1 Lorenzo Alwell, Manager 6232 Spring Forest Cir, Jacksonville, Fl, 32016 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 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 \$.817.155, F.S. LaToya Atwell Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASTUTE PROPERTY SOLUTIONS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 28, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 16, 2017.

BARBARA K. CEGAVSKE Secretary of State

ahara K. Cegovske

Electronic Certificate
Certificate Number: C20170116-0609
You may verify this electronic certificate
online at http://www.nysos.gov/