M17000003013

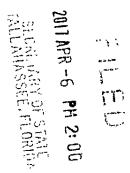
(Re	questor's Name)	
(NC	questor s mame,	
/Ad	dress)	
(Au	aless)	•
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
·	·	
Certified Copies	Certificate:	s of Status
	_	
Special Instructions to	Filing Officer:	
		1
		1

Office Use Only



400297671144

04/06/17--01026--019 **130.00



K. SALY APR - 7 2017

COVER LETTER

TO:		tion Section of Corporatio	ns					
SUBJE	ECT:	Tron	20170		mited Liability (Company		
							nsact Business in Florida," Certific company to transact business in F	
Please	return all co	orrespondence	concerning this ma	atter to the fo	ollowing:			
			PLA					
				Nar	ne of Person			
	_		Troshs	0(2)0	n/Company			
				Fin	n/Company			
		2	2423	Ove	nture	CIR	ole	
		B	oca N	eton City/Sta	Ete and Zip Code	9	334af	
	_	ma	dhuse E-mail address:	(to be used	tor future annual	e —	fication)	
For fur	ther inform	ation concerni	ng this matter, plea	se call:				
		P(A) Name	Se Mi		at (_/	ime Telephone Number	
	Division Registrat P.O. Box	of Corporation ion Section 6327 see, FL 32314				Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		k for the follow 00 Filing Fee	wing amount: \$130.00 Filin Certificate of S	g Fee & tatus	☐ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certificat of Status & Certified Copy	e

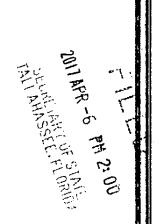
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSINE	SS IN THE STATE OF FLORIDA:					
1. Name of Foreign L	(Solutions Limited Liability Company: must	include "Limited Liabili	ty Compa	my," "L.L.	C.," or "LL	C.")
(If name unavailable, enter alternational	te name adopted for the purpose of	of transacting business in	n Florida.	The altern	ate name m	ust include "Limited
Liability Company," "L.L.C," or "	LEC.")	4-	7 7	06	180	2
(Jurisciction under the law of whe company is organized)	ich foreign limited liability	3.		ber, if app		
4						
	(Date first transacted business (See sections 605.0904 & 605.09	s in Florida, if prior to re-	gistration enalty liab	.) pility)		23
5 22423	Overture	_		,,		1 1
Boca 1	leton Fla	334	24	_		第一5
	(Street Address of Pr	incipal Office)				SSE 0 17
6	(Somo)		• • •			mg 7 C
						2:00
	(Mailing Ac	ldress)				8 8
7. Name and street address of	Florida registered agent: (P.C	. Box <u>NOT</u> acceptable	le)			~···
Name:	DLA Sex	<u>li</u>				
Office Address:	22423 00	ie ndue Clr	re			_
	BOG Robo.	<u> </u>	Florida	3	342	
	(City)	,	•	(Zip ∝	xde)	
Registered agent's acceptance Having been named as registe designated in this application, to complywith the provisions of accept the obligations of my p	red agent and to accept servion I hereby accept the appointn of all statutes relative to the pa	nent as registered agei	nt and a	gree to ac	et in this ca	pacity. I further agree
	× Tla	1100	•			
	(Register	red agent 's signature)	~	-		
8. The name, title or capacity	and address of the person(s) v	vho has/have authority	to mana	ige is/are:		
Pu	A-Sesti (ma	(L)				
	421 Duent	p cind	0			
B	QC- Redon	Pla	3/31	1 2 C		
· · · · · · · · · · · · · · · · · · ·				105		
Attached is a certificate of expurise control of the section of the secti						
of the translator must be submi			Agustrasc	, a uansi	ition of me	cerumeate ander out
	* Ile	a XIII	\mathcal{U}			
	Signature o	f an authorized person				
This document is executed in a submitted in a document to the						
		L Cod.	, as prov	.300 101 1	5.0 1 / . 1 0 0	· 5 = · · · · ·
		- 37 /41				

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, **TROTHSOLUTIONS 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 February 9, 2015, 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 April 5, 2017.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20170405-1520
You may verify this electronic certificate
online at http://www.nvsos.gov/