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Special Instructions to Filing Officer:

Azalea Single Yun

Called 5/23/17

She wants to file

as a 200 LLC

N17-43471

Per her regionshave corrected form for her. She is Juling Cles to my attn up Called 5/31/17 sinding Cles by US



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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AUS 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:					
Azalea Yanique Sing Leton Name of Person					
Ay S Solutions LLC Firm/Company					
1719 Jordan Hights Dr.					
Lake land Floridg, 33810 City/State and Zip Code					
OZOLO SINGULTON O GMOW! COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Abalea Singleton at JR5 503:1653 Name of Confact Person Area Code Daytime Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building 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: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of Status} \sum_{155.00}\$ \text{Filing Fee & Certified Copy} \sum_{155.00}\$ \text{Filing Fee & Certified Copy} \sum_{155.00}\$ \text{Filing Fee & Certified Copy} \sum_{155.00}\$					



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2017

AZALEA YANIQUE SINGLETON AYS SOLUTIONS LLC 7719 JORDAN HEIGHTS DR. LAKELAND, FL 33810

SUBJECT: AYS SOLUTIONS LLC Ref. Number: W17000043471

We have received your document for AYS 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):

It is unclear if your intention is to file a domestic Florida limited liability company or qualify an existing limited liability company formed in another state.

The proper form is enclosed if your intent was to file a domestic Florida limited liability company. However, if your intent was to qualify a foreign limited liability company, please correct #2 of the application to include the proper state or country under which the foreign limited liability company is organized and obtain and submit the following:

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.

Michelle Milligan Senior Section Administrator

Letter Number: 417A00010256

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

	TION 605.0902, FLORIDA STATUTES, THE I JSINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGIS	ITER A FOREIGN LIMITED LIABILITY
$\Delta V Q = Q + 1$	ITIONS LLC		
	Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or "LLC."	")
(If name unavailable enterpaltemate n	ame adopted for the purpose of transacting business in F	Florida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC.")
2(Juisdiction under the law of w	hich foreign (united liability company is organized)	3 Ook - O O C	nber, if applicable)
4. 5.1	7.17		
7710 /00	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.090), F.S. to deter		- DDQ
5. (Street Address of I	Principal Office)	6. SAME A	Idress)
Lakelana,	Floridal 33810		23 15°C
			- 星型
	1 71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	o Dage
Name:	HZQ JEU SIA	<u>51040</u> h	3 98 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Office Address:	1119 Jorgan Ho	ans pr	9 2
	Lakoland	U, Florida_33	810 = \$
Registered agent's accep	(City)	(Zip co	ode)
Having been named as re	egistered agent and to accept service o		
	tion, I hereby accept the appointment ions of all statutes relative to the prop		
	s of my position as registered agent.	1 Sincolater	•
	- Challa	2 STYNGER	
	(Registered agent	<i>/</i> ()	
8. The name, title or cap: Title or Capacity:	acity and address of the person(s) who Name and Address:	has/have authority to manage is/are: Title or Capacity:	Name and Address:
Duner	And Address.	Thie of Capacity.	Name and Address.
VIVILLI	Tig Jordan Ceia	ints pr	
	Lakeland, Fl. 3	<u>3</u> 80	
			
(Use attachments if neces			
	•	<u></u>	
9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days old of which it is organized. (If the certific	I, duly authenticated by the official late is in a foreign/language, a transl	having custody of records in the ation of the certificate under oath
of the translator must be s	ubmitted)		
	balla &	THE STATE OF THE S	
		ure of an authorized person	-
	cuted in accordance with section 605.02 o the Department of State constitutes a		
	AMPA RIMINA	7%	
			

State of New York Department of State } ss:

I hereby certify, that AYS SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/02/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



SECRETARY OF STATEONS
DIVISION OF CORPORATIONS

WITNESS my hand and the official seal of the Department of State, at the City of Albany, this 2nd day of March two thousand and seventeen, at 2:46 PM.

Brendan W. Fitzgerald Executive Deputy Secretary of State

Authentication Number: 1703020389 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov