# M170000005047

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

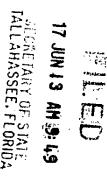
Office Use Only



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JUN 1 4 2017 Y SULKE?



June 1, 2017

KIMLEY MITCHELL-EL 18339 BRIAR OAKS DRIVE HUDSON, FL 34667

SUBJECT: AVANCE IT SOLUTIONS LLC

Ref. Number: W17000035182

We have received your document for AVANCE IT SOLUTIONS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00007936

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Avance IT Solutions 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:			
Antoinette Gardner Name of Person			
Avance IT Solutions			
7 Grando la View Court			
Woodstock MD 21163 City/State and Zip Code			
Partner august S. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kim ley Mitchell-Elat (770) 310 - 1075 Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Begin{array}{c c c c c c c c c c c c c c c c c c c			
\$37.50 differne			



IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IGN LIMITED LIABILIT
Mame 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 2. (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26036536 (FEI number, if applicable)	e)
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)  5. 18339 Brian Oaks H  (Street Address of Principal Office)  Hudson, FL 34667  Wood Stock, MI	Court 21163
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Kimley Mitchell-ET	
Office Address: 18339 Brian Oaks Dr.	
Hudson (City), Florida 34667 (Zip code)	_
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability condesignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.  (Registered agent's signature)	oatily. I father agre
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name	and Address:
CEO Antoinette Grandner	
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custo jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the of the translator must be submitted.  Signature of an authorized person.	
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,  Kimley Mitchell-El	false information F.S.
Typed or printed name of signee	

Control Number: 07050771

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia; do hereby certify under the seal of my office that

### AVANCE IT SOLUTIONS, LLC.

# a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

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This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed

Jurisdiction Print Date

Form Number

: 14471922

:06/16/2007

: Georgia

:04/12/2017

:211



Brian P. Kemp Secretary of State