111000006836

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: fall to Samballa 8/10/17@4:12 add his name as fres.
w.17-61089

Office Use Only



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DIMISION OF CORPORATIONS

O SIMMONS $_{\rm AHC} 1.0 \ \rm 2017$



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2017

SAMUEL WALKER 1101 BOGGY LN LONGBOAT KEY, FL 34228

SUBJECT: FFE SOLUTIONS LLC Ref. Number: W17000061089

We have received your document for FFE 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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 217A00014996

2017 AUG -7 RM 2: 24 SCURE PART OF CHARLE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
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:
Samuel Walker Name of Person
Name of reison
FFC Solutions Firm/Company
Firm/Company
1101 Bogey Lane Address
Address
Longboat Key Fl 34228 City/State and Zip Code
City/State and Zip Code
FFE SOLUTIONS & I Cloud, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sam Walker at (636) 448-6848 Name of Contact Person Area Code Daytime Telephone Number
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:

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

	ESS INTHE STATE OF FLORIDA:	7 1 611	
(Name of Foreign Limi	ted Liability Company; must include "Lin	LLC" nited Liability Company," "L.L.C.," or "LLC	.")
If name unavailable, enter alternate name s	dopted for the purpose of transacting business in	Florida. The alternate name must include "Limited	
2. MO	oreign limited liability company is organized)	3. 43-1946.	174
4		(- <u></u>	
·	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605,0905, F.S. to det	r to registration.) ermine penalty liability)	
5. // BOS (Street Address of Princip	ey LANC	6. 1101 Bo (Mailing) Longboat	igey lane
Loughout	Koy FL	Longboat	Key Fl
	34228		34228
7. Name and street address of	`Florida registered agent: (P.O. B	Box NOT acceptable)	
Name:	Sam Walker		OLVISION OF COMPONI
Office Address:	1101 Bogey La	ine	04 0 04 0
	LONGBOAT Key	, Florida	28 8 1
Having been named as regist designated in this application	ered agent and to accept service on the contract of the contra	of process for the above stated limit at as registered agent and agree to a	led liability company at the place let in this capacity. I furthe agre
Having been named as regist designated in this application to comply with the provisions	ered agent and to accept service of the proposition of all statutes relative to the proposition as registered agent.	nt as registered agent and agree to a per and complete performance of n	led liability company at the place let in this capacity. I further agree
Having been named as regist designated in this application to comply with the provisions and accept the obligations of	ered agent and to accept service of a life statutes relative to the property position as registered agent. (Registered agent)	nt as registered agent and agree to a per and complete performance of numbers of the second of the s	ted liability company at the place ict in this capacity. I further agree by duties, and I am familiar with
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designated in this application to comply with the provisions and accept the obligations of a second accept the obligation accept the obligations of a second accept the obligations of a s	rered agent and to accept service of all statutes relative to the property of all statutes of the person(s) who hame and Address:	at as registered agent and agree to a per and complete performance of me signature) the has/have authority to manage is/are Title or Capacity:	Name and Address: Name and Address: having custody of records in the lation of the certificate under oath ware that any false information

Typed or printed name of signee

STATE OF MISSOURY

John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

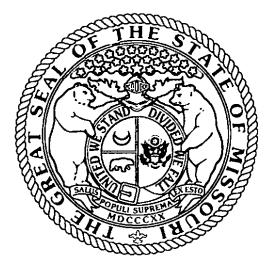
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

FF&E Solutions "LLC" LC0788246

was created under the laws of this State on the 10th day of January, 2007, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 1st day of August, 2017.

Secretary of State



Certification Number: CERT-08012017-0113