

M17000007070

(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:

correction to title Per
conversation with
Jessa Doming 8/17/2017
KS

W17-59774 cno + title

Office Use Only



800301231398

07/17/17--01025--012 **125.00

FILED
2017 AUG 17 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FL 32399

K. SALY

AUG 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Metrix Solutions, LLC
Name of Limited Liability Company

Enclosed is "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Incorporation 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:

Pam Smith
Name of Person

Metrix Solutions, LLC
Firm Company

190 E. Capitol St. Suite 175
Address

Jackson, MS 39201
City, State and Zip Code

pam.smith@pileum.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessa Dorniny at 601 540 0650
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:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

KS

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

IN COMPLIANCE WITH SECTION 605.020, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Metrix Solutions, LLC

(Name of foreign limited liability company must include "Limited Liability Company," "LLC," or "LLP")

Mississippi

20-0606859

7/1/17

190 E. Capitol St.

190 E. Capitol St.

Suite 175

Suite 175

Jackson, MS 39201

Jackson, MS 39201

Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name **InCorp Services, Inc.**

Office Address **17888 67th Court North**

Loxahatchee, Florida 33470

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company 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.



Kathy Shin on behalf of InCorp Services, Inc.

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:

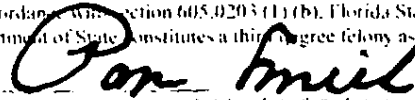
CEO, PRESIDENT

Till Bencke
190 E. Capitol St. MS
Jackson, MS 39201

(Use attachments if necessary)

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.)

10. 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 s.817.155, F.S.



Signature of an authorized person

Pam Smith

Typed or printed name of signer

FILED
2017 AUG 17 PM 5:29
CLERK OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

FILED
2017 AUG 17 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

METRIX SOLUTIONS, LLC

Registered the 16th day of January, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

190 East Capitol Street Suite 175
Jackson, MS 39201

And that the registered agent at that address is:

Beneke, Jill M

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 29th day of June, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17039117

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2017

PAM SMITH
METRIX SOLUTIONS, LLC
190 E CAPITOL ST, STE. 175
JACKSON, MS 39201

SUBJECT: METRIX SOLUTIONS, LLC
Ref. Number: W17000059774

We have received your document for METRIX 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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 917A00014651

RECEIVED
2017 JUL 31 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

PAM SMITH
METRIX SOLUTIONS, LLC
190 E CAPITOL ST, STE. 175
JACKSON, MS 39201

SUBJECT: METRIX SOLUTIONS, LLC
Ref. Number: W17000059774

RECEIVED
2017 AUG 11 PM 2:45
TALLAHASSEE, FLORIDA

We have received your document for METRIX 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):

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return corrected original document.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00015278