

M1700000 8647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

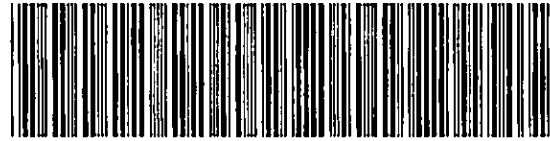
(Business Entity Name)

(Document Number)

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2017 OCT 10 AM 8:20  
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OCT 11 2017  
J. HARRIS

~~REC'D - CIVIL~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Novalink 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:

Huu Phan

\_\_\_\_\_  
Name of Person

Novalink Solutions LLC

\_\_\_\_\_  
Firm/Company

2180 Satellite Blvd, Suite 400

\_\_\_\_\_  
Address

Duluth GA 30097

\_\_\_\_\_  
City/State and Zip Code

reports@novalink-solutions.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Huu Phan

770  
at (\_\_\_\_\_) \_\_\_\_\_

2391641

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2017

HUU PHAN  
2180 SATELLITE BLVD, SUITE 400  
DULUTH, GA 30097

SUBJECT: NOVALINK SOLUTIONS, LLC  
Ref. Number: W17000076274

We have received your document for NOVALINK 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):

Document is too light for imaging. Please darken,

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 817A00019333

2017 OCT 10 PM 3:15

RECEIVED  
TALLAHASSEE, FLORIDA

2017 OCT 10 AM 8:20  
RECEIVED  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605 (602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Novalink Solutions, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-0430786  
(FID number, if applicable)

4. upon registration  
(Date first transacted business in Florida; if prior to registration, list date of first transacted business in Florida; if not, indicate when company liability)

5. 2180 Satellite Blvd, Suite 400  
(Street Address of Principal Office)  
Duluth, GA 30097

6. 2180 Satellite Blvd, Suite 400  
(Mailing Address)  
Duluth, GA 30097

7. 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:  
Having 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.

  
Olivia Gonzales on behalf of InCorp Services, Inc.  
(Registered agent's signature)

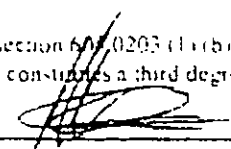
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Director</u>	<u>Huu Phan</u> <u>2371 Legacy Maple Drive</u> <u>Braselton, GA 30517</u>		

(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 (602, 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.

  
Huu Phan  
(Signature of authorized person)

Huu Phan  
(Printed name of officer)

# 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

#### **NOVALINK 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.

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 : 14799322  
Date Inc/Auth/Filed: 07/21/2003  
Jurisdiction : Georgia  
Print Date : 08/21/2017  
Form Number : 211



Brian P. Kemp  
Secretary of State