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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	lv



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COVER LETTER

TO:

Registration Section

17111111	n of Corporatio	ns				
JECT:	Consultants Fi	st Revenue Management So	lutions LLC			
		Name of	Limited Liability	Company		
					ransact Business in Florida," Ce ity company to transact business	
se return all	correspondence	concerning this matter to the	following:			
		Michelle T. Johnson				
		N	ame of Person			
		Consultants First Revenue	Management Solu	tions LLC		
		t.	irm/Company			
		1806 Ironwood Way		·		
			Address			
		Kissimmee FL 34746	<u></u>			
		City/S	tate and Zip Code	•		
		consultants1st@gmail.com E-mail address: (to be use	d for future appun	I ranget n	atitiontion	
			u for future annua	теропп	outreation)	
turther infor	mation concernii	ng this matter, please call:				
Mich	elle T Johnson		at (516) 4	56-3611	
	Name	of Contact Person	Area Code	D;	aytime Telephone Number	
	ING ADDRESS on of Corporation				TT ADDRESS: n of Corporations	
	ation Section ox 6327				ation Section Building	
	issee, FL 32314			2661 E:	xecutive Center Circle ssee, FL 32301	
osed is a ch	eck for the follow	ving amount:				
	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, Certified Copy	ficate



FLORIDA DEPARTMENT OF STATE Division of Corporations

2017 EET 10 MM 10:26

September 20, 2017

MICHELLE T JOHNSON 1806 IRONWOOD WAY KISSIMMEE, FL 34746

SUBJECT: CONSULTANTS FIRST REVENUE MANAGEMENT SOLUTIONS

LLC

Ref. Number: W17000075277

We have received your document for CONSULTANTS FIRST REVENUE MANAGEMENT SOLUTIONS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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: 417A000191072

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Consultants First Revenue Management Solutions LLC (Name 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," "L.L.C." or "L.L.C." State of New York - Department of State (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 9/12/2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1806 Ironwood Way 73 Ireland Place (Mailing Address) (Street Address of Principal Office) Kissimmee FL 34746 Suite 197 Amityville, NY 11701 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Columna Agency Inc. Name: 223 S John Young Parkway Office Address: Kissimmee , Florida 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. (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: MGR Michelle T Johnson 1806 Ironwood Way Kissimmee FL 34746 (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. Minholle

State of New York Department of State } ss:

I hereby certify, that CONSULTANTS FIRST REVENUE MANAGEMENT SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/02/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of September two thousand and seventeen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State