(Re	equestor's Name)	
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3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10-110-17		**WALK IN**
ENTITY NAME	irnkey Cyber Solutions,	LLC
DOCUMENT NUMBER	(John Harbor)	
	PLEASE FILE THE ATTACHED AND RETURN	
<u>XX</u>	Plain Copy Certified Copy	
	Certificate of Status	
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		<u>—</u>
TOTAL OWED 125	500 CHECK # 4140	
Please call Tina at the	above number for any issues or concerns. Thank you so	much!

COVER LETTER

.

	tegistration Section Division of Corporations					
eup iec	Turnkey Cyber Solutions, LLC					
SUBJEC	l:	Name of Lim	ted Liability C	ompany		-
The enclose Existence,	sed "Application by Foreign Limited L and check are submitted to register the	iability Company e above reference	for Authorizat d foreign limite	ion to Tra d liability	nsact Business in Florida, company to transact busi	" Certificate of ness in Florida
Please retu	ırn all correspondence concerning this	matter to the follo	owing:			
		Name	of Person			
	Harbor Compliance					_
Firm/Company						
	48-50 W. Chestnut St., Suite 3	301				_
		A	ddress			
	Lancaster, PA 17603					
		City/State	and Zip Code			-
	jphipps@tkcs.biz					
	E-mail addre	ss: (to be used for	future annual	report noti	fication)	-
For furthe	r information concerning this matter, p	lease call:				
!	Harbor Compliance	a	717	732-913	37	_
_	Name of Contact Person		Area Code	Day	time Telephone Number	
] F F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	is a check for the following amount: \$\mathbb{S}\$125.00 Filing Fee		l \$155.00 Filin ertified Copy	g Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Turnkey Cyber Solution	ns, LLC ign Limited Liability Company; mus	t include "Limited L	ighility Company ""L.L.C.," or	LLC.")	
(Name of Fore	igh Chimed Elability Company, mass	t menane ismined is	<u></u>	,	
iability Company," "L.L.C,"	ternate name adopted for the purpose 'or "LLC.")	of transacting busin	ess in Florida. The alternate nam	e must in	clude "Limited
Texas		3. 81-1301995			
(Jurisdiction under the law of company is organized)	of which foreign limited liability	,	(FEI number, if applicable)		
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior 0905, F.S. to determ	to registration.)	•	
8539 Phoenix Ave, Sel	•			-	
	(Street Address of P	Principal Office		-	
8539 Phoenix Ave, Seli	,	rincipal Office)		_	
				_	
	(Mailing A				
	s of Florida registered agent: (P.G REGISTERED AGENTS INC	O. Box <u>NOT</u> acce	ptable)		
Name: Office Address:	3030 N. ROCKY POINT DRIV	'E, STE 150A			
Office Address.	ТАМРА		Florida 33607	_	17 ac
	(City)		(Zip code)	•	8
esignated in this application complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as registered	l agent and agree to act in the	is capaci	ity. I further agr
	(Registe	ered agent's signatur	e)		6
The name, title or capa	acity and address of the person(s)	who has/have auth	ority to manage is/are:		
See attached					-
<u> </u>					-
					_
Attached is a certificate irisdiction under the law f the translator must be st	of existence, no more than 90 day of which it is organized. (If the coubmitted)	ys old, duly auther ertificate is in a for	iticated by the official having eign language, a translation o	custody f the cer	of records in the tificate under oath
		of an authorized per		_	
his document is executed abmitted in a document to	I in accordance with section 605.0 to the Department of State constitu)203 (1) (b), Florid ites a third degree t	a Statutes. I am aware that an elony as provided for in s.817	y false ir 1155, F.:	nformation S.
	Senem Phipps				

Typed or printed name of signee

Turnkey Cyber Solutions, LLC List of Managers:

Aaron Smith, Member, 13431 Alder Creek Dr., San Antonio, TX 78247 Shannon Smith, Member, 13431 Alder Creek Dr., San Antonio, TX 78247 Senem Phipps, Manager, 8539 Phoenix Ave, Selma, TX 78154 James Phipps, Manager, 8539 Phoenix Ave, Selma, TX 78154

17 OFT 16 AH (0) 49

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Turnkey Cyber Solutions, LLC (file number 802264615), a Domestic Limited Liability Company (LLC), was filed in this office on August 01, 2015.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: August 03, 2015

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 05, 2017.



Phone: (512) 463-5555



Rolando B. Pablos Secretary of State