

M18000001423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

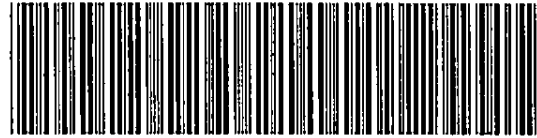
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert  
W17-74868

Office Use Only



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09/18/17--01012--012 \*\*125.00

18 FEB -9 AM 12:02  
6:16pm

O SIMMONS  
FEB 12 2018

# ORION STATE LICENSING, INC.

February 8, 2018

## VIA FEDEX COURIER DELIVERY

Attn.: Ms. Octavia Simmons or Registration Section  
Florida Division of Corporations  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301  
(850) 245-6051

Re: **STUDENT ACCOUNT MANAGEMENT SERVICES, LLC**  
Deficiency Response for Pending Foreign LLC Authorization to Transact Business  
Document Number: W17000074868

Dear Ms. Simmons:

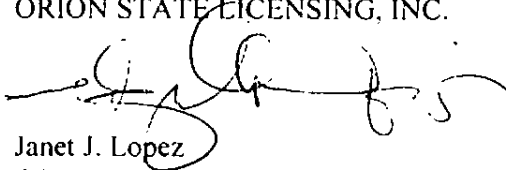
Per your request, enclosed please find the response items to the current deficiency on behalf of the above-referenced company:

1. Certificate of GOOD STANDING from the home State of California dated 12/12/2017
2. Copy of rejected filing information (website information)
3. Copy of original filing and copy of check #2013 (\$125) already on file with your office

**\*Please return any correspondence regarding this filing to: Orion State Licensing, Inc.  
15615 Alton Parkway, Suite 450, Irvine, CA 92618\***

Thank you for your assistance in this matter. If you have any questions or require further information in order to process this request, please do not hesitate to contact me by email [janet@orionlicensing.com](mailto:janet@orionlicensing.com) or at (888) 315-0805.

Very truly yours,  
ORION STATE LICENSING, INC.

  
Janet J. Lopez  
CEO

RECEIVED  
FEB 09 2018

Enclosure  
JLL:cp02082018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Student Account Management Services, 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:

Paul Farinacci

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

Student Account Management Services, LLC

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

2130 Chester Ave., Ste. 101

\_\_\_\_\_  
Address

Bakersfield, CA 93301

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

pfarinacci@sams360.com

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

For further information concerning this matter, please call:

Janet Lopez

888

315-0805

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

\_\_\_\_\_  
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

**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:

1. Student Account Management Services, 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 "LLC.")

2. California 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 2130 Chester Ave., Ste. 101  
(Street Address of Principal Office)  
Bakersfield CA 93301

6. 2130 Chester Ave., Ste. 101  
(Mailing Address)  
Bakersfield CA 93301

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

[Signature], VP of Registered Agent Solutions, 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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Paul Farinacci</u> <u>2130 Chester Ave., Ste. 101</u> <u>Bakersfield CA 93301</u>	<u>Manager</u>	<u>Paula Farinacci</u> <u>2130 Chester Ave., Ste. 101</u> <u>Bakersfield CA 93301</u>
<u>Manager</u>	<u>Melissa Ortega</u> <u>2130 Chester Ave., Ste. 101</u> <u>Bakersfield CA 93301</u>	<u>Manager</u>	<u>Troy Ortega</u> <u>2130 Chester Ave., Ste. 101 2</u> <u>Bakersfield CA 93301</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 605.0203 (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]  
Signature of an authorized person

Paul Farinacci  
Typed or printed name of signee

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** STUDENT ACCOUNT MANAGEMENT SERVICES, LLC

**FILE NUMBER:** 201319210138  
**FORMATION DATE:** 07/03/2013  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
December 12, 2017.

**ALEX PADILLA**  
**Secretary of State**

PAM