

M18000002821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

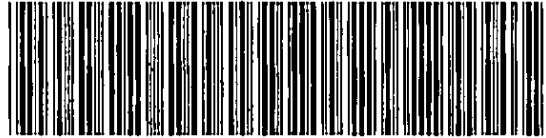
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/18--01028--015 **70.00

03/22/18--01014--002 **55.00

FILED
2018 MAR 20 PM 3:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 22 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLS Media 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:

Loretta Liburdi

Name of Person

SLS Media Solutions

Firm/Company

1042 Bella Sol Way Unit 401

Address

Apollo Beach FL 33572

City/State and Zip Code

SLSMediaSolutions@gmail.com

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

For further information concerning this matter, please call:

Loretta Liburdi

813

502-0411

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2018

LORETTA LIBURDI
1042 BELLA SOL WAY UNIT 401
APOLLO BEACH, FL 33572

SUBJECT: SLS MEDIA SOLUTIONS LLC
Ref. Number: W18000020648

2018 MAR 20 PM 3:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SLS MEDIA SOLUTIONS LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 118A00004306

RECEIVED
2018 MAR 20 AM 10:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. SLS Media Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3.
(FBI 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. 1042 Bella Sol Way Unit 401
(Street Address of Principal Office)
Apollo Beach, FL 33572

6. 1042 Bella Sol Way Unit 401
(Mailing Address)
Apollo Beach, FL 33572

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

Name: Loretta Liburdi

Office Address: 1042 Bella Sol Way Unit 401

Apollo Beach, Florida 33572
(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.

Loretta Liburdi
(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>
Owner	Loretta Liburdi 1042 Bella Sol Way Unit 401 Apollo Beach, FL 33572		

(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.

Loretta Liburdi
Signature of an authorized person
Loretta Liburdi
Typed or printed name of signee

FILED
2018 MAR 20 PM 3:56
TALLAHASSEE FLORIDA
SECRETARY OF STATE

STATE OF WYOMING
Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING,
do hereby certify that according to the records of this office,

SLS Media Solutions LLC

is a

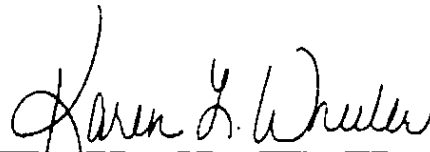
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 14, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000711843**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of February, 2018 at 4:25 PM. This certificate is assigned 025685425.





Acting Secretary of State