M1800	0002900
(Requestor's Name) (Address) (Address)	100310312701
(City/State/Zip/Phone #)	03/12/1801029012 **160.00
Office Use Only	MAR 2.6 2019 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations

Bosco Solutions, LLC

SUBJECT:

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:

Peter J. Lucas, Esq.

Name of Person

Appel. Lucas & Christensen, P.C.

Firm/Company

1624 Market Street, Suite 310

Address

Denver, CO 80202

City/State and Zip Code

lucasp@appellucas.com

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

For further information concerning this matter, please call:

Peter J. Lucas		303 293 at ()	7-9800		
Name o	f Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS:		<u>STR</u>	EET ADDRESS:		
Division of Corporations	Division of Corporations		Division of Corporations		
Registration Section	•		Registration Section		
P.O. Box 6327	-		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle			
		Tallahassee, FL 32301			
Enclosed is a check for the follow	ing amount:				
🖬 \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	 S155.00 Filing Fee Certified Copy 	& S160.00 Filing Fee, Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2018

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PETER J LUCAS APPEL, LUCAS & CHRISTENSEN, PC 1624 MARKET STREET, SUITE 310 DENVER, CO 80202

SUBJECT: BOSCO SOLUTIONS, LLC Ref. Number: W18000024313 FILEU MI HAR 26 PH 4: 28

We have received your document for BOSCO SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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: 518A00005077

9 2018 MAR 26 AM 11: 3 RECEIVED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

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:

Bosco Solutions, LLC

	ame adopted for the purpose of transacting business in F	lorida 'The alternato nam	e must include "Limited Liability Co	empany," "L.L.C." or "L
Delaware		3	(FEI number, if ap	
(Jurisdiction under the law of w	sich foreign limited liability company is organized)		(FEI number, if ap	plicable)
				-
	(Date first transacted business in Florida, if prior ((See aections 605.0904 & 605.0905, F.S. to deter	o registration.) mino penalty liability)		
101 Hudson st., FI 25		6		
(Street Address of I			(Mailing Address)	
Jersey City, NJ 07302				
	<u> </u>			200 A
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT_acceptabl</u>	le)	NAC 5
				SS.
Name:	C T Corporation System			m T
Office Address:	1200 South Pine Island Road			
Office Address.				
	Plantation	,	Florida 33324	
	(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.

<u>a</u>Ns (Registered agepp numature)

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: <u>Title or Capacity:</u>	Name and Address:
Manage/	Thomas (Axo) 300 s. Pointe Drive Mirmi Blach, FL 33139	
	MIGMI DIACK, TE 2013	

(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 of an authorized person
Thomas (Are)
Typed or printed name of signer



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOSCO SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2018.



Bullock, Secretary of State

Authentication: 202209891 Date: 02-26-18

Page 1

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SR# 20181195153 You may verify this certificate online at corp.delaware.gov/authver.shtml