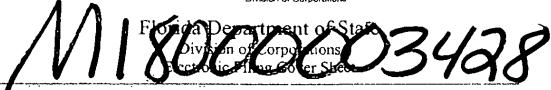
4/9/2018

Division of Corporations



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(((H18000111206 3)))



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FLORIDA LIMITED LIABILITY CO.

Fortior Solutions, LLC

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# H180001112043

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

	TION 605,0902, FLORIDA STATUT ISINESS IN THE STATE OF FLORI		NLOHYING IS S	UBMITTED TO RECESTER A	FOREKEV LIMITED LIABILITY
1. Fortior Solutions (Name of Fort	s, LLC rign Cimited Liability Company: u	mist include	"Limited Liab	ility Company," "L.L.C.," or	······································
	iternate name adopted for the purp	ose of trans	acting business	in Florida. The alternate nar	me must include "Limited
Liability Company," "L.L.C.	or LLC. )		02 17210	മാ	
2. Oregon (Jurisdiction under the law	of which foreign limited liability	3	93-13319	(FEI mumber, if applicable	<del></del>
company is organized)	<b>2</b> · · · · · · · · · · · · · · · · · · ·			<b>(</b>	,
4. Upon Qualification	(Data first transacted base)	Tl			یہ -
	(Date first transacted busi (See sections 605,0904 & 60	05.0905, F.:	S, to determine	penalty liability)	
5. 5800 NE Pinefar	m Court, Hillsboro, Oreg	gon 9712	24		1 日報 书 下
					- R-9
	(Street Address o	f Principal	Office)		رَا مِنْ الْرَبِينَ
5800 NE Pinefar	m Court, Hillsboro, Oreg				
o		-			- PA F.
				,	- '승규 두
	(Malin	g Address)			5 6
<ol> <li>Name and street address</li> </ol>	s of Florida registered agent: (	P.O. Box	NOT accepts	ble)	•
Name:	Business Filings Incorp	porated			
Office Address:	1200 South Pine Island	Road			
Office Address.					•
	Plantation			Florida 33324 (Zip code)	<del>-</del> .
Registered agent's accep-	(City)			(Zip code)	
designated in this application to comply with the provision to the provision of the provisi	gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th my position as revistered agent Mall	utment as e proper a	registered ag	ent and agree to act in th	is capacity. I further agree
	(Regi	istered agen	t's signature)	Mark Williams, A.V.P.,	Business Filings Incorporated
8 The name title or cans	city and address of the person(				• .
-	Cowan, 4707 Hastings	-			
<del>-</del>	bell, 7667 SW Oviatt Di	<del>-</del>		<u> </u>	<del></del>
Manager: Sean Sull	ivan, 9 Del Prado, Lake	Oswego	Oregon 9	7035	
Trianger. Oddi Oddi	truin, > Der i tudo, Euro	030000	, Oregon >	7033	
	of existence, no more than 90 of which it is organized. (If the shmitted)	certiticate	is in a foreign	language, a translation o	
	1	la	//		
	Signatu	re of an auti	hurized person		-
	in accordance with section 605 the Department of State consti	.0203 (1)	(b), Florida Si	atutes. I am aware that an	
	Lim Roball Managan				

Typed or printed name of signee

# State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

# Certificate of Existence 646G828T6

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

## FORTIOR SOLUTIONS, LLC

is:

### Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set .. my hand and affixed hereto the Seal of the State of Oregon.

DENNIS RICHARDSON, SECRETARY OF STATE

3/21/2018