M 1180000

(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: RIC Penalty VIA feed Ex
Dane W18-57008

Office Use Only



700314548497

08/18/18--01037--018 **125.00

07/02/18--01015--003 **918.25

2018 JUN 27 PH 5: 27



Vigilant Solutions LLC 1152 Stealth Street Livermore, CA 94551 (925) 398 2079 – Phone (925) 398 2113 – Fax June 25, 2018

To Michelle Milligan:

Please refer to the check of \$916.25 for the penalty fees our company, Vigilant Solutions, LLC (Document Number W18000057008), owes.



June 19, 2018

SHARON YU 1152 STEALTH ST LIVERMORE, CA 94551-9300

SUBJECT: VIGILANT SOLUTIONS, LLC

Ref. Number: W18000057008

We have received your document for VIGILANT SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is 118000143921.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 618A00012768

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org



Vigilant Solutions LLC 1152 Stealth Street Livermore, CA 94551 (925) 398 2079 – Phone (925) 398 2113 – Fax June 14, 2018

To the Division of Corporations:

I, Steve Cintron, have no intention of reinstating Vigilant Solutions, LLC (Document Number L18000143921). Please release this name to be used.

If you require any other information, please feel free to contact me.

Sincerely,

Etava Cintron

Treasurer, Vigilant Solutions LLC

steve.cintron@vigilantsolutions.com

(925) 398 2079 - Phone

(925) 398 2113 - Fax

COVER LETTER

TO:	Registration Section Division of Corporation	ons			
SHRB	VIGILANT SOLU				
.,,,,,,,		Name of	Limited Liability Co	ompany	
					ansact Business in Florida," Certificate of y company to transact business in Florida.
Please	return ali correspondence	concerning this matter to the	following:		
	SHARON YU	ı			
		N	ame of Person		·
	VIGILANT S	DLUTIONS, LLC			
		F	irm/Company		
	1152 STEAL	TH ST			
		-	Address	 -	
	LIVERMORE	, CA 94551-9300			
		City/S	State and Zip Code		
	sharon.yu@vig	gilantsolutions.com			
		E-mail address: (to be use	d for future annual r	eport not	ification)
For fur	ther information concerni	ng this matter, please call:			
	SHARON YU		925 at (495-44	
	Name	of Contact Person	Area Code	Day	time Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle see, FL 32301
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE 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:

2. DELAWARE	and the state of the parties of a second of the second of	ess in thornia the anemate	name must include tainited Lia	bility Company," "L.L.C," or "LLC.")
/ Insigherion under the limit of u		_{3.} 81-	0660957	
THE SAICTION UNDER the law of w	hich foreign limited liability company is organized	d)	(FEI num	ber, if applicable)
4. 12/31/2015				
	(Date first transacted business in Florida, it (See sections 605,0904 & 605,0905, F.S.)	f prior to registration) to determine penalty liability	y)	
5. 1152 STEALTH ST		6. 115	2 STEALTH ST	
(Street Address of) LIVERMORE, CA 94		LIVI	(Mailing Add ERMORE, CA 94551	0200
				28. 3
				च स्था
7. Name and street addres	ss of Florida registered agent: (P.C	D. Box <u>NOT</u> accer	otable)	ANN JUN 27 PH 5: 27
Name:	JOE HARZEWSKI			550 70
	11277 MISTY RIDGE WAY			700
Office Address:	TIZIT WIGHT RIDGE WAT			22 2
	BOYNTON BEACH (City)		, Florida <u>33473</u>	
designated in this applica to comply with the provis	egistered agent and to accept servi tion, I hereby accept the appointn ions of all statutes relative to the p s of my position as registered age	nent as registered oroper and comple	agent and agree to act	in this capacity. I further agree
designated in this applica to comply with the provis	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered age. ISI JOE HARZEWSKI	nent as registered or proper and comple. nt.	agent and agree to act	in this capacity. I further agree
designated in this applica to comply with the provis. and accept the obligation	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered age. /S/ JOE HARZEWSKI	ment as registered or oper and comple. nt. dagent's signature)	agent and agree to act te performance of my	in this capacity. I further agree
designated in this applicate comply with the provise and accept the obligation 8. The name, title or capa	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered age. ISI JOE HARZEWSKI	ment as registered or oper and comple. nt. dagent's signature) who has/have autho	agent and agree to act te performance of my	in this capacity. I further agree
designated in this applica to comply with the provis. and accept the obligation	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered ages /S/ JOE HARZEWSKI (Registered active and address of the person(s) values.)	ment as registered or oper and comple. nt. dagent's signature) who has/have autho	agent and agree to act te performance of my ority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with
designated in this applicate comply with the provisional accept the obligation 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered age. /S/ JOE HARZEWSKI (Registered accity and address of the person(s) value and Address: STEVE CINTRON 3014 SAN JUAN BLV	ment as registered or oper and complement. tagent's signature) who has/have autho	agent and agree to act te performance of my ority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with
designated in this applicate comply with the provisional accept the obligation 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmions of all statutes relative to the ps of my position as registered ages. /S/ JOE HARZEWSKI (Registered active and address of the person(s) when and Address: STEVE CINTRON	ment as registered or oper and complement. tagent's signature) who has/have autho	agent and agree to act te performance of my ority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with
designated in this applicate comply with the provisional accept the obligation 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered age. /S/ JOE HARZEWSKI (Registered accity and address of the person(s) value and Address: STEVE CINTRON 3014 SAN JUAN BLV	ment as registered or oper and complement. tagent's signature) who has/have autho	agent and agree to act te performance of my ority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with
designated in this applicate comply with the provisional accept the obligation 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered age. /S/ JOE HARZEWSKI (Registered accity and address of the person(s) value and Address: STEVE CINTRON 3014 SAN JUAN BLV	ment as registered or oper and complement. tagent's signature) who has/have autho	agent and agree to act te performance of my ority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with
designated in this applicate comply with the provision and accept the obligation 8. The name, title or capa <u>Title or Capacity:</u> TREASURER	ation, I hereby accept the appointment on sof all statutes relative to the person of my position as registered agest sof my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position as registered agest my position agest my position age	ment as registered or oper and complement. tagent's signature) who has/have autho	agent and agree to act te performance of my ority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with
designated in this applicate comply with the provisional accept the obligation 8. The name, title or capa Title or Capacity:	ation, I hereby accept the appointment on sof all statutes relative to the person of my position as registered agest sof my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position of the person (s) which is a soft my position as registered agest my position agest my position age	ment as registered or oper and complement. tagent's signature) who has/have autho	agent and agree to act te performance of my ority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or capa Title or Capacity: TREASURER (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	sary) tion, I hereby accept the appointmions of all statutes relative to the person (S) you have address of the person (S) you have and address: STEVE CINTRON 3014 SAN JUAN BLV BELMONT. CA 94002	ment as registered or open and complement. Ingent's signature) who has/have autho Title of	agent and agree to act te performance of my ority to manage is/are: r Capacity:	in this capacity. I further agree duties, and I am familiar with Name and Address:
designated in this applicate to comply with the provisionand accept the obligation. 8. The name, title or capated the compact of the compact of the compact of the compact of the standard must be seen to compact of the translator must be seen to compact of the	sary) tion, I hereby accept the appointmions of all statutes relative to the person (S) you have address of the person (S) you have and address: STEVE CINTRON 3014 SAN JUAN BLV BELMONT. CA 94002	respondent as registered of proper and complement. I agent's signature) who has/have autho Title of Sold. duly authentificate is in a force.	ority to manage is/are: r Capacity: icated by the official haign language, a translat	in this capacity. I further agree duties, and I am familiar with Name and Address: Eving custody of records in the ion of the certificate under oath

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIGILANT 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 FOURTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIGILANT SOLUTIONS, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corp delaware gov/auti

Authentication: 202810037

Date: 06-04-18

3908600 8300 SR# 20184251954