

M18000009243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

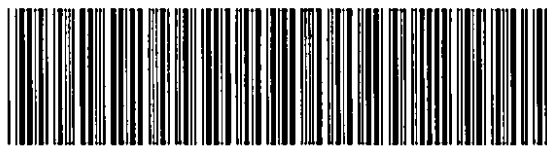
(Business Entity Name)

(Document Number)

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

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STATE OF FLORIDA  
FALL COUNTY

18 OCT 17 AM 10:59

FILED

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DBD 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:

KRISTEN GREGORY  
Name of Person

DBD SOLUTIONS, LLC  
Firm/Company

200 OCEANCREST DRIVE UNIT 509  
Address

PALMCOAST, FLORIDA 32137  
City/State and Zip Code

KRISTEN.GREGORY@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTEN GREGORY at ( 404 ) 2725866  
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. DBD SOLUTIONS, 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. GEORGIA 3. 27-4539800  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NOT APPLICABLE  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 OCEANCREST DR. UNIT 509 6. 200 OCEANCREST DR. UNIT 509  
(Street Address of Principal Office) (Mailing Address)  
PALMCOAST FLORIDA 32137 PALMCOAST FLORIDA 32137

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

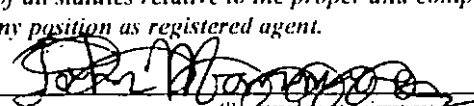
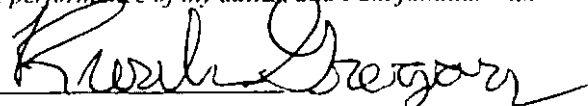
Name: KRISTEN GREGORY

Office Address: 200 OCEANCREST DR. UNIT 509

PALMCOAST, Florida 32137  
(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.*

  
(Registered agent's signature) 

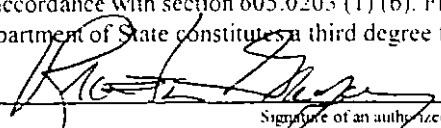
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MM</u>	<u>KRISTEN GREGORY</u> <u>200 Oceancrest</u> <u>Dr. Unit 509</u>	<u>manager</u>	
	<u>Palmcoast, FL</u> <u>32137</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 of an authorized person

KRISTEN GREGORY

Typed or printed name of signer

FILED  
 18 OCT 17 AM 10:59  
 STATE DEPARTMENT OF STATE  
 1117 N. W. 5th St. FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**DBD SOLUTIONS, LLC**  
a Domestic Limited Liability Company


was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16106948  
Date Inc/Auth/Filed: 12/14/2010  
Jurisdiction : Georgia  
Print Date : 08/15/2018  
Form Number : 211



  
Brian P. Kemp  
Secretary of State