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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2018

JOAN CRANDALL 111 E MONUMENT AVE, UNIT 803 KISSIMMEE, FL 34741

SUBJECT: RAZR SOLUTIONS, LLC Ref. Number: W18000084191

We have received your document for RAZR SOLUTIONS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$72.50.

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 8 (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 418A00019592

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COVER LETTER

TO: **Registration Section Division of Corporations**

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RAZR 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:

JOAN CRANDAU		
Name of Person	_	
RAZR Solutions LLC Firm/Company		
Firm/Company	-	
III E. Monument Ave, Ste. 803 Address	-	
Kissimmee FL 34741 City/State and Zip Code		
Crandallj@RNZRSOLUTIONS E-mail address: (to be used for future annual report notification)	CO.N	1
For further information concerning this matter, please call:	OCT	
DOAN (RANDALL at 703) 655 - 5719	22 PH	$\overline{\mathbb{T}}$
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	1 2: 42	
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified C		:
x Balance Due = 72.50		

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 TIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RAZR 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 Ltability Company," "L.L.C," or "LLC,") 47 - 1657020 (HEI number, d'applicable) rginia 3. which foreign limited liability company is organized) (Inrisdiction u (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) Aue Ste 803 Monument Ave Ste 807 6. ep FL 34741

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

cando Oan Name: <u>IVONUMENTAVE STESC3</u> <u>LISSIMMEE</u>, Florida <u>34741</u> (City) Office Address:

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: Title on Concellar Name and Address? Title or Canacity:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Ad	dress:	
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(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 t jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under (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.

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Commonwealth Flirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Razr Solutions, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is August 22, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Dat September 13, 2018