## M18000011041

(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:							
F03-2917							
F03-2917 W18-96594 nameN/A216							

Office Use Only



500319826925

2018 DEC -5 PM 3: 20 SECRESCAY 67 STATE

10/23/18--01030--012 \*\*125.00

OLC 7779 S. PRATHER



November 2, 2018

THERESA COSWAY 405 THE WEST MALL., SUITE 400 TORONTO, ONTARIO CANADA M9C 5K7.

SUBJECT: LIVINGSTON INTERNATIONAL PROFESSIONAL SERVICES, LLC

Ref. Number: W18000096564

We have received your document for LIVINGSTON INTERNATIONAL PROFESSIONAL SERVICES, 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 it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6900.

Letter Number: 118A00022672

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## COVER LETTER

TO: Registration Section

Div	rision of Corporatio	ns					
SHRIFCT:		ional Professional Services,	LLC				
SUBJECT: Name of Limited Liability Company							
					ansact Business in Florida," Certifi y company to transact business in l		
Please return	all correspondence	concerning this matter to the	following:				
	Theresa Coswa	ay					
		N	ame of Person				
	Livingston Into	ernational Inc.					
	Firm/Company						
	405 The West Mall, Suite 400						
	Address						
	Toronto, ON	M9C 5K7					
		City/S	State and Zip Code				
	tcosway@living	stonintl.com					
		E-mail address: (to be use	d for future annual	report no	tification)		
For further i	nformation concerni	ng this matter, please call:					
The	eresa Cosway		416 at (	626-28			
	Name	of Contact Person	Area Code	Day	rtime Telephone Number		
Div Reg P.C	AILING ADDRESS vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	a check for the follow \$125,00 Filing Fee	ving amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	le	

Livingston International 405 The West Mall, Suite 400 Toronto ON M9C 5K7



416 626-2800 1-800-837-7582 www.livingstonintl.com

November 26, 2018

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Attention: Stacy

Re: Livingston International Professional Services, LLC (formerly known as Livingston International Professional Services, Inc. ("LIPS, I))

Dear Stacy;

Further to our telephone conversation, I understand Document Number W18000096564 was rejected due to the name Livingston International Professional Services, LLC not being available. Please note that this name was formerly Livingston International Professional Services, Inc. in the State of Delaware until December 31, 2017 when it converted to an LLC and changed its name.

I attach a copy of the conversion documents for your information.

Please note that LIPS,I was registered in the State of Florida until September 28, 2018 when it was administratively dissolved or revoked due to not filing its 2018 annual report.

If you require any further information, I can be reached at 416-626-2800 ext. 3235.

Regards,

Theresa Cosway,

Law Clerk

## 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:

(II demit derangement mich auferinte)	same adopted for the purpose of transacting business in F	lorida. The a	ternate name must include "Limited Li	ability Company," "L.L.C," or "LLC.")		
2 Delaware			3 54-2001980			
	tuch foreign limited liability company is organized)	٦.		ober, if applicable)		
4 January 1, 2018						
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior i (See sections 605 0904 & 605.0905, F.S. to determ	o registration mine penalty	-) hability)	<del></del>		
5. 20700 Civic Center D	rive, Suite 500	6.	20700 civic Center Drive,	Suite 500 😕		
(Street Address of Principal Office)				dress) 🛁 🕳		
Southfield, MI 48076	· · · · · · · · · · · · · · · · · · ·		Southfield, MI 48076	<del></del>	•	
				<u> </u>	1	
7 N	- serial and a constant of the	NOT		<u>π</u> σ	;	
7. Name and street aggre	ss of Florida registered agent: (P.O. Bo	x <u>NO1</u> a	іссеріавіе)	SSS ₹		
Name:	Corporation Service Company		<del></del>	ကြိုဟ် ယူ		
Office Address:	1201 Hays Street			FE 2:		
	Tallahasee		32301	, lui o	,	
	(City)		, Florida 32301 (Zp to	dc}		
Registered agent's accep						
Having been named as re	gistered agent and to accept service of	process	for the above stated limited	d liubility company at the place		
	tion, I hereby accept the appointment					
to comply with the provis	ions of all statutes relative to the prope	r and co	mplete performance of my	duties, and I am familiar with		
and accept the obligation	s of my position as registered agent.	,	_			
	Taurel Bietra	k ≠	Assistant Sou	men		
	(Registered agent'	ı signettere)	<u> </u>	ziese, y		
8. The name, title or cap:	acity and address of the person(s) who b	as/have a	authority to manage is/are:			
Title or Capacity:	Name and Address:		tle or Capacity:	Name and Address:		
	SEE ATTACHED					
					_	
		_				
					_	
		-				
	sary)					
(Use attachments if neces						
	of existence, no more than 90 days old.	duly aut	benticated by the official hi	aving custody of records in the		
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certifica				n	
9. Attached is a certificate	of which it is organized. (If the certifica				n	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certifica ubmitted)	ite is in a	foreign language, a translat	tion of the certificate under oath	n	
9. Attached is a certificate jurisdiction under the law of the translator must be since 10. This document is executed in the same of the translator must be since the same of the translator must be since the same of the sam	of which it is organized. (If the certifica	ite is in a	foreign language, a translat Florida Statutes. I am awa	tion of the certificate under oath	n	
9. Attached is a certificate jurisdiction under the law of the translator must be since 10. This document is executed in the same of the translator must be since the translator must be since the same of the translator must be since the translator m	of which it is organized. (If the certifica ubmitted)  uted in accordance with section 605.020	ite is in a	foreign language, a translat Florida Statutes. I am awa	tion of the certificate under oath	n	
9. Attached is a certificate jurisdiction under the law of the translator must be since 10. This document is executed in the same of the translator must be since the translator must be since the same of the translator must be since the translator m	of which it is organized. (If the certifical abmitted)  uted in accordance with section 605.020 to the Department of State constitutes a the	ite is in a	foreign language, a translat Florida Statutes. I am awa te felony as provided for in	tion of the certificate under oath	n	
9. Attached is a certificate jurisdiction under the law of the translator must be since 10. This document is executed in the same of the translator must be since the translator must be since the same of the translator must be since the translator m	of which it is organized. (If the certifical abmitted)  uted in accordance with section 605.020 to the Department of State constitutes a the	ate is in a  (1) (b)  (1) (degree  (1) (1)	foreign language, a translat Florida Statutes. I am awa te felony as provided for in	tion of the certificate under oath	n	

Typed or printed name of signee

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "LIVINGSTON INTERNATIONAL PROFESSIONAL SERVICES, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "LIVINGSTON INTERNATIONAL PROFESSIONAL SERVICES, INC." TO "LIVINGSTON INTERNATIONAL PROFESSIONAL SERVICES, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2017, AT 8:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2017 AT 11:59 O'CLOCK P.M.

Authentication: 203855358

Date: 11-07-18