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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

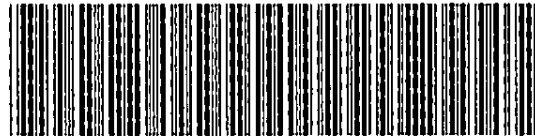
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
DEC 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C2C INTERNATIONAL 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:

DAVID BARBERA

Name of Person

C2C INTERNATIONAL SOLUTIONS LLC

Firm/Company

931 VILLAGE BLVD, #905-509

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

C2CDAVIDB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BARBERA

at (760) 2778281

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:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. C2C INTERNATIONAL 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-2229072
(FEI number, if applicable)
4. 11/1/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7270 BRIDGEWATER CENTER DR
(Street Address of Principal Office)
#110
LAKELAND, FL 33805
6. 931 VILLAGE BLVD
(Mailing Address)
#905-509
WEST PALM BEACH, FL 33409

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

Name: BUSINESS FILINGS INCORPORATED

Office Address: 1200 SOUTH PINE ISLAND RD
PLANTATION, Florida 33324
(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.

Brenna Butler, Asst. Secretary for
(Registered agent's signature)
Business Filings Incorporated

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>MGR</u>	<u>DAVID BARBERA</u> <u>931 VILLAGE BLV</u> <u>#905-509</u>		
	<u>WEST PALM BEACH</u> <u>FL 33409</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.

DAVID BARBERA
Signature of an authorized person

DAVID BARBERA

Typed or printed name of signee

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 DEC 10 PM 1:57

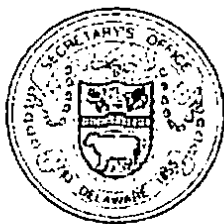
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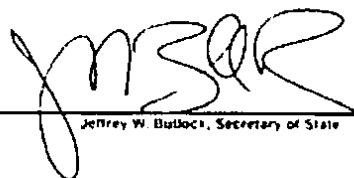
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "C2C INTERNATIONAL 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

7102361 8300

SR# 20187615749

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203947630

Date: 11-21-18