M1900000 1498

(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:
W18000105069

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M. MILLIGAN FEB 1 2 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2018

COMPLIANCE SOLUTIONS LLC TRISHA FREEMAN 2245 TEXAS DRIVE, SUITE 300 SUGAR LAND, TX 77479 US

SUBJECT: COMPLIANCE SOLUTIONS LLC

Ref. Number: W18000105069

We have received your document for COMPLIANCE SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Sterling R Abney Regulatory Specialist II

Letter Number: 018A00024959

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	Compliance Solutions L							
SUBJEA	C1,	Name of L	imited Liability C	ompany				
	losed "Application by Foreign ee, and check are submitted to							
Please re	eturn all correspondence conc	erning this matter to the	following:					
	Trisha Freeman							
		Na	me of Person					
	Compliance Solution	ons LLC						
		Fir	m/Company					
	2245 Texas Drive, S	2245 Texas Drive, Suite 300						
			Address	<u> </u>				
	Sugar Land, TX 77-	479						
		City/St	ate and Zip Code					
		pliancesolutionspro.com						
	E-	mail address: (to be used	for future annual	report not	ification)			
For furth	her information concerning thi	is matter, please call:						
	Trisha Freeman		281 at (566-259				
	Name of Co	ontact Person	Area Code	Day	time Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
Enclose		amount: \$130.00 Filing Fee & ertificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Cert of Status & Certified Copy			

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY.

** COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Compliance Solutions L			
(Name of Foreign I Compliance Solutions Pr	amited Liability Company, must include "Limited O. L.C.	I Liability Company," "L.L.C.," or "L.	I.C.")
	me adopted for the purpose of transacting business in Flor	ids. The alternate name must include "Limite	ed Liability Company ""1 1 C " or "11 C ")
₂ DE	, , , , , , , , , , , , , , , , , , , ,	3. 37-1909770	
	ich foreign limited liability company is organized)	3. (FE	I manber, if applicable)
4. N/A			
4. 1973	(Date first transacted business in Florida, if prior to r	egistration)	
5 2245 Texas Drive, Suite	(See sections 605 0904 & 605 0905, F.S. to determine 3.200	6 2245 Texas Drive, Suil	to 300
5. 2245 Texas Drive, Sunt		U	g Address)
Sugar Land, TX 77479		Sugar Land, TX 77479	20
			: : : : : : : : : : : : : : : : : : :
			10 E
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	12 1
Name:	Francis Freeman		नीज हु
Office Address:	3601 W Commercial Suite 12		WH 101 HB
	Ft Lauderdale	, Florida <u>33309</u>	2 3 00
	(City)		ip code)
designated in this applicat to comply with the provision	gistered agent and to accept service of p ion, I hereby accept the appointment as ons of all statutes relative to the proper	s registered agent and agree to	act in this capacity. I further agree
Having been named as reg designated in this applicat to comply with the provision	gistered agent and to accept service of p ion, I hereby accept the appointment as	s registered agent and agree to	act in this capacity. I further agree
Having been named as reg designated in this applicat to comply with the provision	gistered agent and to accept service of p ion, I hereby accept the appointment as ons of all statutes relative to the proper	registered agent and agree to and complete performance of	act in this capacity. I further agree
Having been named as reg designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capa	gistered agent and to accept service of pion. I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Registered agent's secity and address of the person(s) who ha	s registered agent and agree to and complete performance of quature, s/have authority to manage is/a	o act in this capacity. I further agree my duties, and I am familiar with
Having been named as reg designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	gistered agent and to accept service of pion. I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Registered agent's secity and address of the person(s) who han Name and Address:	s registered agent and agree to and complete performance of manages	act in this capacity. I further agree my duties, and I am familiar with are: Name and Address:
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Having been named as reg designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity: CEO/President/Treasure VP Use attachments if necess Attached is a certificate	city and address of the person(s) who ha Name and Address: Trisha Freeman 2245 Texas Dr. Sugar Land, TX 77479 Sara Mori 2245 Texas Dr Sugar Land, TX 77479 Saray) of existence, no more than 90 days old, of which it is organized. (If the certificate of the person of the person)	registered agent and agree to and complete performance of and complete performance of solutions. s/have authority to manage is/a Title or Capacity: Vp /Secretary	act in this capacity. I further agree my duties, and I am familiar with are: Name and Address: Heather Lee. 2245 Texas Dr. Sugar Land. TX. 77479
Having been named as reg designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity: CEO/President/Treasure VP Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sure. This document is executed.	city and address of the person(s) who ha Name and Address: Trisha Freeman 2245 Texas Dr. Sugar Land, TX 77479 Sara Mori 2245 Texas Dr Sugar Land, TX 77479 Saray) of existence, no more than 90 days old, of which it is organized. (If the certificate of the person of the person)	registered agent and agree to and complete performance of and complete performance of and complete performance of and complete performance of and complete performance is/a Title or Capacity: Vp /Secretary duly authenticated by the officients in a foreign language, a transfer (1) (b), Florida Statutes, I am a second complete performance (1) (b), Florida Statutes, I am a second complete performance (1) (b), Florida Statutes, I am a second complete performance of and complete performance of an accordance of a second complete performance of a second complete perform	act in this capacity. I further agree my duties, and I am familiar with are: Name and Address: Heather Lee 2245 Texas Dr. Sugar Land, TX. 77479 al having custody of records in the instation of the certificate under oath

Typed or printed name of signee

Trisha Freeman

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COMPLIANCE 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 THIRTIETH DAY OF JANUARY, A.D. 2019.

Authentication: 202169960

Date: 01-30-19