

M19000002647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

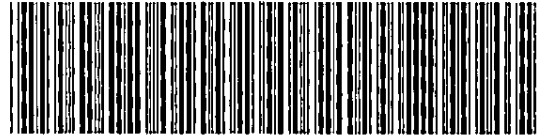
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SHERMAN
MAR 1 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2019

JENNIFER CORNEJO
1 RADISSON PLAZA, STE 800
NEW ROCHELLE, NY 10801

SUBJECT: IT ANSWERS, LLC
Ref. Number: W19000026514

We have received your document for IT ANSWERS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 819A00005387

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IT ANSWERS 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:

Jennifer Cornejo

Name of Person

MyUS.Acorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City/State and Zip Code

info@myusacorporation.com

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

For further information concerning this matter, please call:

Jennifer Cornejo

877

330-2677

at (

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

03/19/19
11:42 AM
J. Cornejo

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. IT ANSWERS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

IT ANSWERS FLORIDA LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. VIRGINIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FIC number, if applicable)

4. NA

(Date first transacted business in Florida, if prior to registration;
See sections 605.042 & 605.092, F.S. to determine penalty, if any.)

5. 1420 CELEBRATION BLVD, UNIT 200

(Street Address of Principal Office)

CELEBRATION, FL 34747

6. 1420 CELEBRATION BLVD, UNIT 200

(Mailing Address)

CELEBRATION, FL 34747

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

Name Incorp Services, Inc

Office Address 17835 67th Court North

Loxahatchee

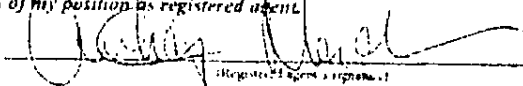
, Florida 33470

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

AMBR

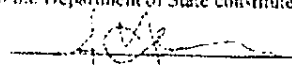
ANDREW HILTON

29 Parliament Street, 2nd Fl
Liverpool, UK, L8 5RN

(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 authorized person)

ANDREW HILTON - Member

(Typed or printed name of signer)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

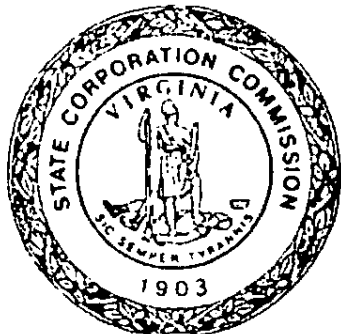
I Certify the Following from the Records of the Commission:

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

That the date of its organization is February 13, 2017; 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 Date:
February 25, 2019*

Joel H. Peck

Joel H. Peck, Clerk of the Commission