

M19000007867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

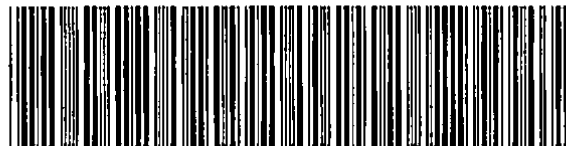
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/11/19--01040--019 **130.00

2019 AUG 14 PM 4:52

FILED

B KINSEY
AUG 15 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2019

SAJI GEORGE
9600 SW 103RD AVE
MIAMI, FL 33176

SUBJECT: SOLARIS SERVICES LLC
Ref. Number: W19000031098

We have received your document for SOLARIS SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00015188



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2019

SAJI GEORGE
9600 SW 103RD AVE
MIAMI, FL 33176

SUBJECT: SOLARIS SERVICES LLC
Ref. Number: W19000031098

We have received your document for SOLARIS SERVICES LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 619A00006135

RECEIVED
JUL 23 2019



Solaris Services LLC.

August 14, 2019

Brooke N Kinsey
Regulatory Specialist II
Florida Department of State
Division of Corporations

Subject : Solaris Services LLC.
Ref Number : W19000031098

Dear Madam,

Based on the communication that I had today with you and the communication that I received via postal mail , it is to my understanding there was a typo mistake from my part stating the business started on Dec 2019 , Solaris Services LLC. was registered in New Jersey in Dec 2018 and in good standing, I had relocated to Miami only in Feb 2019. I had only requested Florida Department of State to have my Company Solaris Services LLC to be registered in Florida based on my EIN # 83-2813989 which was processed when I registered in New Jersey.. I had presented all the documents to transfer my registration from New Jersey to Florida in March 2019. Since then I have not got any communication from Florida Department of State. With my Bank Manager's help I was able to get more information about the status of the registration and after multiple attempts, got to find out the Division of Corporation needed Certificate of Good Standing from New Jersey. Upon hearing this I had requested and sent all this information via postal mail certified in July 2019, After that I get a letter from the Florida Department of State which I am following up. I am enclosing a copy of that letter for your reference .

Enclosing: copy of my application to Florida State on Application by Foreign Limited Liability company for authorization to transact business in Florida.

Copy of registration details from IRS and New Jersey.

Copy of Certificate of Good Standing from New Jersey also.

If you have any questions concerning my communication , please call me on 732-581-5921

Saji George
CEO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLARIS SERVICES 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:

SAJI GEORGE

Name of Person

SOLARIS SRVICES LLC

Firm/Company

9600 SW 103RD AVE

Address

MIAMI FL 33176

City/State and Zip Code

SAJI.GEORGE@SABERCLOUD.COM

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

For further information concerning this matter, please call:

SAJI GEORGE

732

581 5821

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

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Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. SOLARIS SERVICES 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. NEW JERSEY

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

3. 83-2813989

(FEI number, if applicable)

4. 12/13/2018

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2 CROWN POINT CT

(Street Address of Principal Office)

6. 2 CROWN POINT CT

(Mailing Address)

OLD BRIDGE NJ 08857

OLD BRIDGE NJ 08857

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

Name: SAJI GEORGE

Office Address: 9300 SW 103RD AVE

MIAMI FL

(City)

33176

(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.

(Signature)

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☒ Manager Name: SAJI GEORGE

☐ Member Address: 9600 SW 103RD AVE

☐ Authorized MIAMI FL 33176

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

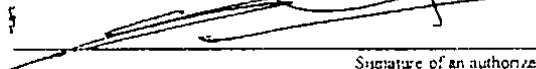
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 an authorized person

SAJI GEORGE

Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

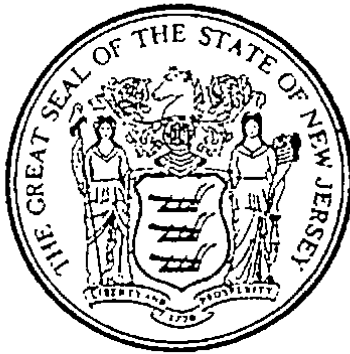
SOLARIS SERVICES LLC
0450330901

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 13, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SAJI GEORGE
2 CROWN POINT COURT
OLD BRIDGE, NJ 08857



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
11th day of July, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number - 6093880314

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp