(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: And Ruget W19000013452			
M19000036364			

Office Use Only



800327228628

04/09/19--01023--030 **125.00

2019 SEP -9 PH 3: 22

Y SCOTT SEP 1 2 2019





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2019

JEANNIE LOGUE 8603 GRAND ALBERATO ROAD TAMPA, FL 33647

SUBJECT: AYDEE FINANCIAL SOLUTIONS LLC

Ref. Number: W19000073952

We have received your document for AYDEE FINANCIAL SOLUTIONS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yvette Scott Document Specialist II

Letter Number: 319A00016485





Division of Corporations Registration Section PO Box 6327 Tallahassee, Ft 32314 Attn: Yvette Scott

Reference Number: W19000036364 Letter Number 319A00007307

Dear Ms Scott,

Please see attached corrected completed form to register a foreign limited liability company with the state of Florida. The original application was suspended due to inaccurate information on the document and the \$125 check was held until we could properly submit the correct information. There was a delay in submitting the corrected information due to consideration of creating an S-Corp versus the Lie. We will be doing business as a Limited Liability Company.

I have included a copy of the original check, the LLC certificate of formation from the state of Delaware and the Foreign Florida LLC application.

Please let me know if there is anything else required to complete this process.

Thank you for your assistance.

Jeannie Logue

Owner/Principal Aydee Financial Solutions

224-441-7061

RECEIVED AUG 0 2 2019

COVER LETTER

Registration Section

TO:

obsect	Name of Limited Liability Company				
			zation to Transact Business in Florida," Certificate		
Please return a	all correspondence concerning this matte	er to the following:			
	Jeannie M Logue				
		Name of Person			
	Aydee Financial Solutions LLC		77.5.		
		Firm/Company	11 日		
	8603 Grand Alberato Raod		55. Fg - 0 P		
		Address			
	Tampa, Florida, 33647		. 22		
		City/State and Zip Cod	e		
	accounting@aydeefinance.com				
	E-mail address: (to	be used for future annu	al report notification)		
For further inf	ormation concerning this matter, please	call:			
Jeanr	nie Logue	224 at (441-7061		
	Name of Contact Person	Area Cod	e Daytime Telephone Number		
Divis Regis P.O.	LING ADDRESS: ion of Corporations tration Section Box 6327 hassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Pleas	sed is a check for the following amount e make check payable to: FLORIDA D 125.00 Filing Fee \$130.00 Filin Certificat	EPARTMENT OF STA			

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: Aydee Financial 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.") Delaware 83-2079853 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 8603 Grand Alberato Road 8603 Grand Alberato Road (Street Address of Principal Office) Tampa, FL 33647 Tampa, FL 33647 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Jeannie M Logue

Name:		· · · · · · · · · · · · · · · · · · ·
Office Address:	8603 Grand Alberato Road	
	Татра	33647
	(City)	, Florida(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.

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: Title or Capacity: Name and Address: Name: _ Jeannie Logue Name: Kevin Murray Manager ☐ Manager 8603 Grand Alberato Road 3500 Cranshire Court Member Address: ☐ Member Address: Tampa Florida 33647 Palatine, IL 60067 Authorized Authorized Person Person Other____ Other Other_ Manager Name: _____ Manager Manager Name: __ Member Address: _____ Member Address: Authorized Authorized Person Person Other_ Other_____ Other_ Other_____ Manager Name: ___ Name: _____ ■ Manager Member Address: ____ Address: _____ ☐ Member Authorized Authorized Person Person Other Other____ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Jeannie M Logue

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AYDEE FINANCIAL 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-SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AYDEE FINANCIAL SOLUTIONS LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

F 3: 22

Authentication: 203478257

Date: 08-27-19

7077112 8300 SR# 20196725170

46374 1870 Lin ##005009# #072921891

Aydee Financial Solutions

03/25/2019

Florida Department of State

File fee and registration of agent - Foreign LLC Regis

5009

125.00

2019 SEP -9 PH 3: 22