# M300003454

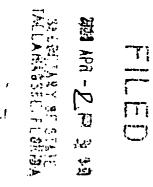
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2020

IDA LYNN SEMENUK 109 CHESTER STATION LN CHESTER, MD 21619

SUBJECT: GUARDIAN PROPERTY SOLUTION, LLC / JAX GPS, LLC

Ref. Number: W20000020817

We have received your document for GUARDIAN PROPERTY SOLUTION, LLC / JAX GPS, 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):

You failed to make the correction(s) requested in our previous letter.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 520A00004254

RFCEIVED MAR 1 8 2020

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporation

SURJECT:	GUARDIAN PROPERTY 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 follows:	owing:
lda Lynn Semenuk	
	of Person
	RTY SOLUTIONS, LLC
	Company
109 Chester Station L	<u>ane</u>
A	ddress
Chester, MD 21619	
City/State	and Zip Code
lynnsem@gmail.com	
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please call:	
Ida Lynn Semenuk	443 262-5809
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1. 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: Please make check payable to: FLORIDA DEPARTM  \$\overline{\subset}\$\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$ \$\\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

## 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:

IAX GPS, LI	ne ado,	alternate name must melude "	Limited Liability Company," "L.L.	C," or "LL
Nevada  (Jurisdiction under the law of which foreign lumited liability company is organized)		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to registrati (See sections 605.0904 & 605.0905, F.S. to determine penal)	on.) ty hability)		
109 Chester Station Lane		6. (Mailing Address)		
(Street Address of Principal Office)				
Chester, M	D 21619	Chester,	, MD 21619	<i>)</i>
			> n → "	T'1
Name and street address	s of Florida registered agent: (P.O. Box <u>NO</u>	<u>l'</u> acceptable)		
Name:	Lindsay Semenuk			
Office Address:	132 10th St S			
	Jacksonville	Florid <b>a `</b>	32250	
	(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.

Dindrey Samonia

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: <sub>Name:</sub> Ida Lynn Semenuk Name: \_\_\_\_\_ ✓ Manager Manager Address: 109 Chester Station Lane ■ Member Member Address: Chester, MD 21619 Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_ Other Manager Manager | Name: \_\_\_\_\_ Name: Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person Other Other Other \_\_\_\_ Other\_\_\_ Manager Name: \_\_\_\_ Manager Member Address: Address: Member Authorized Authorized Person Person 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. Ida Lynn Semenuk

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GUARDIAN PROPERTY SOLUTIONS**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/28/2017, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B20200315654771

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/15/2020.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State