

M200000004765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

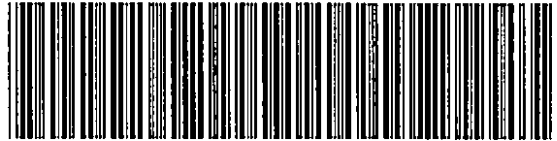
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20 MAY 27 AM 8:58  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORI 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 following:

DIANE PULLIN, REGISTERED AGENT

Name of Person

TaxAcct LLC

Firm/Company

9085 Barrister Court

Address

Jacksonville, FL 32257

City/State and Zip Code

dianepullin@bellsouth.net

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

For further information concerning this matter, please call:

Diane Pullin  
Name of Contact Person

at ( 904 ) 737-3723  
Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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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. ORI PROPERTY 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.")

2. NEVADA 3. 85-0687039  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. TaxAcet LLC  
(Street Address of Principal Office)

6. TaxAcet LLC  
(Mailing Address)

9085 Barrister Ct

9085 Barrister Court

Jacksonville, FL 32257

Jacksonville, FL 32257

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

Diane Pullin, Accountant  
Name: \_\_\_\_\_

Office Address: 9085 Barrister Ct

Jacksonville, . Florida 32257  
(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.

Diane Pullin  
(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]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>            | <u>Title or Capacity:</u>           | <u>Name and Address:</u> |
|--|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: Nelson G Giraldo, Sole Member | Name: _____                         |                          |
| <input checked="" type="checkbox"/> Member     | Address: 4730 S. Fort Apache Rd.    | Address: _____                      |                          |
| <input checked="" type="checkbox"/> Authorized | Suite 300<br>Las Vegas, NV 89147    | <input type="checkbox"/> Authorized | _____                    |
| Person   | _____                               | Person                              | _____                    |
| <input type="checkbox"/> Other                 | _____                               | <input type="checkbox"/> Other      | _____                    |
| <input type="checkbox"/> Manager               | Name: _____                         | <input type="checkbox"/> Manager    | Name: _____              |
| <input type="checkbox"/> Member                | Address: _____                      | <input type="checkbox"/> Member     | Address: _____           |
| <input type="checkbox"/> Authorized            | _____                               | <input type="checkbox"/> Authorized | _____                    |
| Person   | _____                               | Person                              | _____                    |
| <input type="checkbox"/> Other                 | _____                               | <input type="checkbox"/> Other      | _____                    |
| <input type="checkbox"/> Manager               | Name: _____                         | <input type="checkbox"/> Manager    | Name: _____              |
| <input type="checkbox"/> Member                | Address: _____                      | <input type="checkbox"/> Member     | Address: _____           |
| <input type="checkbox"/> Authorized            | _____                               | <input type="checkbox"/> Authorized | _____                    |
| Person   | _____                               | Person                              | _____                    |
| <input type="checkbox"/> Other                 | _____                               | <input type="checkbox"/> Other      | _____                    |

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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

Diane Pullin, Registered Agent

Typed or printed name of signer

# 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 Revised Statutes which are either presently in a status of good standing or were in good standing 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, **ORI 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 03/31/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/06/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20200506774487

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2020

DIANE PULLIN  
TAXACCT LLC  
9085 BARRISTER COURT  
JACKSONVILLE, FL 32257 US

SUBJECT: ORI PROPERTY SOLUTIONS LLC  
Ref. Number: W20000042602

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

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang  
Regulatory Specialist II

Letter Number: 620A00008894

*5/26 Cert Received DC*