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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: _	Pro Strategic Analysis LLC Name	e of Limited Liability Company	-			
	"Application by Foreign Limited Liability (Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi				
Please return	all correspondence concerning this matter to	o the following:				
	Denise Brinkley					
	Name of Person					
	Pro Strategic Analysis LLC					
	Firm/Company					
	4190 Planatation Oaks Blvd					
	Address					
	Unit 1543					
	C	ity/State and Zip Code	-			
	Orange Park, FL 32065		~ 1			
	E-mail address: (to be	used for future annual report notification)	- ,			
For further inf	formation concerning this matter, please cal	l l :				
Deni	se Brinkley	757 641-3382	ر ^م ر)			
	Name of Contact Person	Area Code Daytime Telephone Number	- : · ωρ · π			
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	· <u>n</u>			
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee \$130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee,				

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pro Strategic Analysis	LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabilit	y Company," "L.L.C.," or "LLC.")		
If name unavailable, enter afternate	name adopted for the purpose of transacting business in Fl	orida, The	alternate name must include "Limited Liability Co	ompuny," "L.L.C," or "LLC	
Virginia 2.		3	N/A		
(Jurisdiction under the law of which foreign limited liability company is organized)		5	(FEI number, it app	iber, it applicable)	
N/A					
•	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registratio	n.) (liability)		
4190 Plantation Oaks Blvd 5. Street Address of Principal Office)			4190 Plantation Oaks Blvd		
Street Address of Principal Office)		O.	(Mailing Address)		
Unit 1543			Unit 1543		
Orange Park, FL 32065			Orange Park, Fl. 32065	25%	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	1	
Name:	Denise Brinkley			, ò	
Office Address:	4190 Plantation Oaks Blvd. Unit 1543			2,71 2,71	
	Orange Park		32065 , Florida		
	(City)		(Zip code)		

legistered agent's acceptance:

laving been named as registered agent and to accept service of process for the above stated limited liability company at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with all accept the obligations of my position as registered agent.

(Registered agent's signature)

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: Denise Brinkley Name: _____ ■Manager □Manager 4190 Plantation Oaks Blvd Address: ___ □Member ☐ Member Address: Unit 1543 □ Authorized ☐ Authorized Orange Park, FL 32065 Person Person □Other_____ Other____ Other____ □Other_____ □ Manager □Manager Name: Address: Address: _ __ _ _ _ _ _ _ _ _ _ □Member □Member ☐ Authorized ☐ Authorized Person Person □Other_____ □Other____ □ Other_____ Other Name: _____ □ Manager Name: _____ □Manager Address: ☐Member □Member Address: ______ □ 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 ubmitted 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

Denise Brinkley

Commonduealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission.

That Pro Strategic Analysis LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on May 7, 2020; 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.

SSION SSION 1903

Signed and Scaled at Richmond on this Date:

October 30, 2020

Bernard J. Logan, Interim Clerk of the Commission

CERTIFICATE NUMBER: 2020103015099772



October 27, 2020

DENISE BRINKLEY 4190 PLANTATION OAKS BLVD UNIT 1543 ORANGE PARK, FL 32065 US

SUBJECT: PRO STRATEGIC ANALYSIS LLC

Ref. Number: W20000124664

We have received your document for PRO STRATEGIC ANALYSIS 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):

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 120A00021409

RECEIVED

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