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COVER LETTER

Hart Business Solutions, LLC UBJECT:		•			
Name of Limited Liability Company					
	ty Company for Authorization to Transact Business in Florida, we referenced foreign limited liability company to transact busi				
ease return all correspondence concerning this matte	er to the following:				
Tracey Bailor					
	Name of Person	-			
Hart Business Solutions, LLC					
Firm/Company					
PO Box 14509					
Address					
	Address				
Richmond, VA 23221		_ :			
	City/State and Zip Code	•			
accounts@gcpay.com		<u>.</u>			
	be used for future annual report notification)	_			
or further information concerning this matter, please	call:				
Tracey Bailor	541 760-2725 at ()				
Name of Contact Person	Area Code Daytime Telephone Number	-			
Mailing Address: Registration Section	Street Address: Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	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 D □ \$125.00 Filing Fee ■ \$130.00 Filing	: EPARTMENT OF STATE Fee & S155.00 Filing Fee & S160.00 Filing Fee,	. Certific tified Co			

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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. Hart Business Solution (Name of Foreign	Lamited Liability Company; must include "Limited Limited Liability Company; must include "Limited Limited Limited Limited Liability Company and Limited Limited Liability Company and Limited Liability Company and Limited Liability Company and	I Liability C	'ompany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Fl	orida. The alte	ernate name must include "Limited Liability	Company," "L.L.C," or "LLC.	
Virginia 2.		.5	54-2030877		
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if a	(FEI number, if applicable)	
1/1/2021					
T	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905, F.S. to determi	registration) ne penalty lia	bility)	-	
107 SE Washington St, Suite 256			O Box 14509 (Mailing Address)	(~) ()	
5. Street Address of Principal Office)		0	(Mailing Address)	•	
Portland, OR 97214		R	ichmond, VA 23221	1	
		-		· · ·	
	·	_		•	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)	~.	
Name:	InCorp Services, Inc.				
Office Address:	17888 67th Court North				
	Loxahatchee		33470 , Florida		
	(Cuv)		(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.

Joanna Fernandez on behalf of InCorp Services, Inc.

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 Capacit	<u>y:</u>	Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: 1040 Turkey Ridge Dr	□Member	Address:	
□Authorized	Moseley, VA 23120	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		:- 3
□Other	Other	□Other		□Other
				• •
□Manager	Name:	□Manager	Name:	<u>.</u>
□Member	Address:	□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. 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 Repartment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Daniel Brunelli, Manager

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That HART BUSINESS SOLUTIONS, 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 August 7, 2003; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 19, 2021

Bernard J. Logan, Clerk of the Commission