

ma1 000005704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

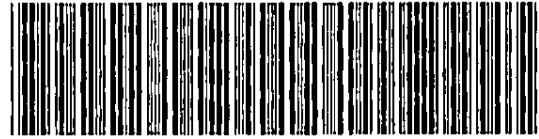
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/21--01012--021 **125.00

FILED
2021 APR 23 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

ORION STATE LICENSING, INC.

April 8, 2021

VIA FIRST CLASS USPS MAIL

Attn: Registration Section
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

**RE: FAIRSHARE SOLUTIONS, LLC
New Application for Certificate of Authority**

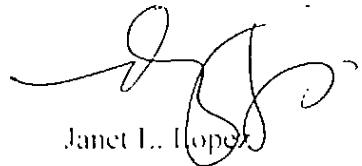
Dear Sir or Madam:

Enclosed please find herewith for filing, the following documents on behalf of the above-referenced entity:

1. Company check # 1016 attached in the amount of \$125.00 made payable to "Florida Department of State" for filing fee.
2. Application by Foreign LLC for Authorization to Transact business in Florida
3. Certificate of Existence (no more than 90 days old)

Thank you for your assistance in this matter. If you have any questions or require further information in order to process this request, please do not hesitate to contact me at (888) 315-0805 or by email at janet@oriolicensing.com.

Very truly yours,
ORION STATE LICENSING, INC.



Janet L. Lopez
CEO

Enclosures
001 ep

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fairshare 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:

Dennis Francis Rogers

Name of Person

Fairshare Solutions, LLC

Firm/Company

529 Seven Bridges Road, Suite 300

Address

East Stroudsburg PA 18301

City/State and Zip Code

Dennisrogers@fairshare.solutions

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

For further information concerning this matter, please call:

Dennis Francis Rogers

570

252-4044

at (_____) _____

Name of Contact Person

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

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. Fairshare 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. Rhode Island
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3471830
(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. 529 Seven Bridges Road
(Street Address of Principal Office)

Suite 300

East Stroudsburg PA 18301

6. 529 Seven Bridges Road
(Mailing Address)

Suite 300

East Stroudsburg PA 18301

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

Name: Registered Agent Solutions Inc.

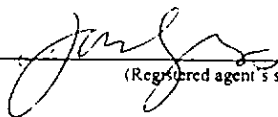
Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.


(Registered agent's signature)

Janet Lopez, Asst. Secretary Registered Agent Solutions 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:**

☐ Manager Name: Dennis Rogers

☒ Member Address: 529 Seven Bridges Road

☐ Authorized Suite 300

Person East Stroudsburg PA 18301

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Harry Van Sciver

☒ Member Address: 529 Seven Bridges Road

☐ Authorized Suite 300

Person East Stroudsburg PA 18301

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

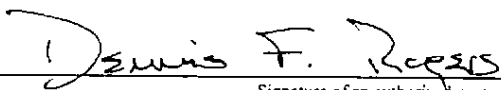
Person _____

☐ 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Dennis Rogers

Typed or printed name of signee



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Fairshare Solutions, LLC

is a Rhode Island Limited Liability Company organized on **November 01, 2019**.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

April 19, 2021

Secretary of State



Certificate Number: 21040153480

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli