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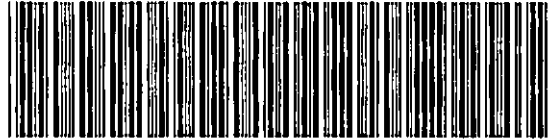
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2022 APR 28 PM 7:23

S. FRANKLIN  
APR 28 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Next 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:

Michele Gunter

Name of Person

Next Solutions LLC

Firm/Company

546 Brandies Circle, Ste 101

Address

Murfreesboro, TN 37128

City/State and Zip Code

mgunter@nextsolutionllc.com

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

For further information concerning this matter, please call:

Michele Gunter

615

546-4824

Name of Contact Person

at ( )

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

2022 APR 28 PM 7:23

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. NEXT SOLUTIONS LLC

Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "LLC."

Tenn Flor Next Solutions 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. TENNESSEE

Jurisdiction under the law of which foreign limited liability company is organized

3. 46-3849452

(FEI number, if applicable)

4. 03/24/22

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0604 & 605.0605, F.S., to determine penalty liability.)

5. 546 BRANDIES CIRCLE  
(Street Address of Principal Office)

6. 546 BRANDIES CIRCLE  
(Mailing Address)

STE 101

STE 101

MURFREESBORO, TN 37128

MURFREESBORO, TN 37128

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

Name: MICHAEL BURLESON

Office Address: 10840 SUNFLOWER LN

PANAMA CITY

32404

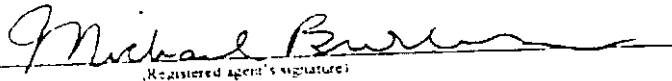
(City)

Florida

(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.



(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]:

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

☐ Manager Name: ALLAN GOODSON

☐ Member Address: 546 BRANDIES CIRCLE

☐ Authorized STE 101

Person MURFREESBORO, TN 37128

☒ Other CEO ☐ Other \_\_\_\_\_

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

☐ Manager Name: MORGAN MCCHESEY

☐ Member Address: 546 BRANDIES CIRCLE

☐ Authorized ST 101

Person MURFREESBORO, TN 37128

☒ Other PRESIDENT ☐ Other \_\_\_\_\_

☐ Manager Name: MICHELE GUNTER

☐ Member Address: 546 BRANDIES CIRCLE

☒ Authorized STE 101

Person MURFREESBORO, TN 37128

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

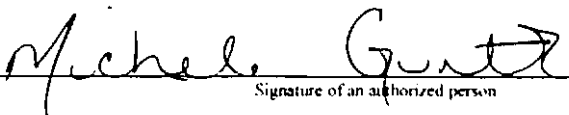
Person \_\_\_\_\_

☐ 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

MICHELE GUNTER  
\_\_\_\_\_  
Typed or printed name of signee



Tre Hargett  
Secretary of State

**Division of Business Services  
Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**NEXT SOLUTIONS LLC**  
MICHELE GUNTER  
SUITE 101  
546 BRANDIES CIRCLE  
MURFREESBORO, TN 37128

March 24, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0467193

Issuance Date: 03/24/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 007063091

Filing Fee: \$40.00

Payment-Credit Card - State Payment Center - CC #: 3825877143

\$20.00

**Regarding: Next Solutions, LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 734451

Formation/Qualification Date: 10/09/2013

Date Formed: 10/09/2013

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: RUTHERFORD COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Next Solutions, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
Tre Hargett  
Secretary of State

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