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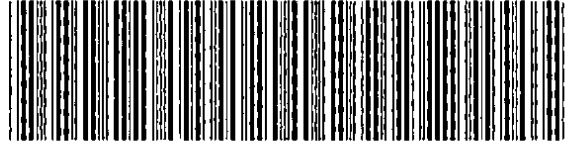
(Business Entity Name)

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**DATE: 07/18/22**

**NAME: PROFIT SOLVER LLC**

**TYPE OF FILING: ARTICLES**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

2022 JUL 18 PM 12:27

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*aHodge*

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Profit Solver 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:

Anton Visser

\_\_\_\_\_  
Name of Person

Profit Solver LLC

\_\_\_\_\_  
Firm/Company

1375 N. Scottsdale Road, Building Two, Suite 145

\_\_\_\_\_  
Address

Scottsdale, AZ 85257

\_\_\_\_\_  
City/State and Zip Code

ipulverman@cubexsystem.com

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

For further information concerning this matter, please call:

Rory O'Neill

858

509-4026

\_\_\_\_\_  
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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Cert  
Certificate of Status    Certified Copy    of Status & Certificate

2022 JUL 18 FILED

# 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. Profit Solver 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. Delaware

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

3. 88-1461651

(FEI number, if applicable)

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

5. 1375 N. Scottsdale Road, Building Two Suite 145  
(Street Address of Principal Office)

Scottsdale, AZ 85257

6. 1375 N. Scottsdale Road, Building Two, Suite 145  
(Mailing Address)

Scottsdale, AZ 85257

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301  
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.*

Paracorp Incorporated

SEE ATTACHED

By: (Registered agent's signature)

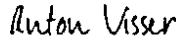
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Anton Visser	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1375 N. Scottsdale Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Building Two, Suite 145	<input type="checkbox"/> Authorized	_____
Person	Scottsdale, AZ 85257	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: Louis Visser	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 1375 N. Scottsdale Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Scottsdale, AZ 85257	<input type="checkbox"/> Authorized	_____
Person	Scottsdale, AZ 85257	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: Steve Castillo	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: 1375 N. Scottsdale Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Scottsdale, AZ 85257	<input type="checkbox"/> Authorized	_____
Person	Scottsdale, AZ 85257	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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 record; jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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.

DocuSigned by:  
  
 42A5D8DE74B84B1...  
 Signature of an authorized person  
 Anton Visser  
 Typed or printed name of signer

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

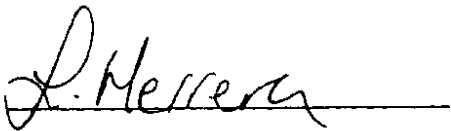
**DATE:** 7/15/2022

**ENTITY NAME:** Profit Solver LLC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in cursive script, appearing to read 'L. Herrera', is written over a horizontal line.

Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

2022 JUL 18 PM 12:27

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROFIT SOLVER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFIT SOLVER LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2022 JUL 18 PM 12:38

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6671044 8300

SR# 20222993131

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 2039201

Date: 07-14-