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(Requestor's Name)

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(City/State/Zip/Phone #)

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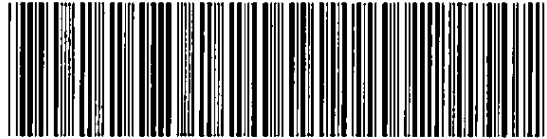
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 JUL -9 PM 4:19

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fractional 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:

Kelly Brown

Name of Person

Kelly Brown Consulting, LLC

Firm/Company

678 SE Lake Falls Street

Address

PSL, FL 34984

City/State and Zip Code

kbrown@kellybrownconsulting.com

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

For further information concerning this matter, please call:

Kelly Brown

772

285-3416

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2024

KELLY BROWN
KELLY BROWN CONSULTING, LLC
678 SE LAKE FALLS STREET
PORT SAINT LUCIE, FL 34984

SUBJECT: FRACTIONAL SOLUTIONS, LLC
Ref. Number: W24000093714

We have received your document for FRACTIONAL SOLUTIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

RECEIVED Letter Number: 924A00013516

JUL - 9 2024

Division of Corporations


Attention: Foreign Entity Registration Division

Regarding Florida LLC, Fractional Solutions LLC, L23000550904, which we voluntarily dissolved and foreign entity LLC, Fractional Solutions LLC, W24000093714, which we have filed based on our Delaware Corporation.

Please be advised, we voluntarily dissolved our Florida LLC L23000550904 on 5/15/24 and would like the name released for us to use the name under our Foreign Entity Filing W24000093714 which was rejected on 6/20/24 due to the name not being released. I was advised by the Florida Division of Corporations to send a letter containing this information, noting that we have already paid all applicable fees, along with:

1. Copy of the Delaware Certificate of Good Standing- Enclosed
2. Copy of the original filing for the Florida Foreign Entity- Enclosed
3. Refence in this Letter to the appropriate document numbers with the statement that we are releasing the name for the purpose of filing the Foreign Entity.- Included in the above paragraph.
4. Notarize the letter- see below.
5. Not required but I have also included a copy of the payment to Voluntarily Dissolve the Florida LLC, dated 5/15/24.

If there are any issues, please email kbrown@kellybrownconsulting or call 772-285-3416. Thank you!


Name: Kelly Brown

7/9/24
Date

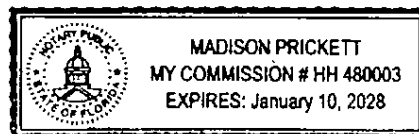
Florida Notary:

July 9, 2024

In person

provided FL drivers License

Madison Prickett



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. Fractional 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.")

Deleware

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

3. (FEI number, if applicable)

5/6/2024

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

2520 NE 44th St

5. (Street Address of Principal Office)

Lighthouse Point, FL 33064

678 SE Lake Falls Street

6. (Mailing Address)

PSL, FL 34984

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

Name: David Fetter

Office Address: 2520 NE 44th St

Lighthouse Point

(City)

, Florida

33064

(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.

David Fetter

(Registered agent's signature)

FILED
2024 JUL -9 PM 4:19
TALLAHASSEE, FLORIDA

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: David Fetter

☐ Member Address: 2520 NE 44th Street

☐ Authorized Lighthouse Point, FL 33064

 Person David Fetter

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Kelly Brown

☐ Member Address: 678 SE Lake Falls Street

☒ Authorized PSL, FL 34984

 Person Kelly Brown

☐ 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.

Kelly Brown

Signature of an authorized person

Kelly Brown

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FRACTIONAL SOLUTIONS, 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 SEVENTH DAY OF MAY, A.D. 2024.




Jeffrey W. Bullock, Secretary of State

3608754 8300

SR# 20241885296

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203418067

Date: 05-07-24

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Fractional Solutions, LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 838 Walker Rd, Suite 21-2 (street),
in the City of Dover, Zip Code 19904. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is Registered Agent Solutions, Inc

By: David Fetter
Authorized Person

Name: David Fetter
Print or Type