M24000014872

(Re	equestor's Name)	
(Ac	ddress)	
(Ác	ddress)	
(Cr	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fiti	ng Officer:	
W24-1549	164	





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11/19/24--01002--023 **125.00

AGREEN TO THE STATE OF THE STAT

2024 NOV 19 PH 3: 05

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APPROVED

1.0V 2 C 2024

K. Brumbia;



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2024

CORP ACCESS

. .

SUBJECT: C2C SOLUTIONS LLC Ref. Number: W24000154964

We have received your document for C2C SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L23000322576.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Corrected

Letter Number: 424A00025322

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ		
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XX	FILING	FOREIGN LLC	<u>-</u> .
	2C SOLUTIONS LI		
((_	ORPORATE NAME AND I	OOCUMENT #)	
(C	ORPORATE NAME AND F	OOCUMENT #)	
((ORPORATE NAME AND I	OCUMENT #)	
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((ORPORATE NAME AND E	OOCUMENT #)	
		OCUMENT #)	

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

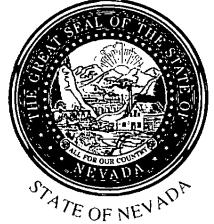
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Lin	mited Liability Company," "L.L.C.," or "LLC.	")	
GOOD GUYS DISTRII	BUTION LLC			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The afternate name must include "Limited I	iability Company," "L.L.C," or "LLC,")	
, NEVADA		3		
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FEI nu	mber, (l'applicable)	
4. <u> </u>	(Data first reaseasted business in Florida, it pure	ne to registration \		
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to de	termine penalty liability)		
5. 109 Palomar Drive,	St Johns, FL 32259	_{6.} 109 Palomar Drive,St	9 Palomar Drive, St Johns, FL 32259 (Mailing Address)	
(Street Address of F	Principal Office)	(Mailing A		
			2	
7. Name and street addres	ss of Florida registered agent: (P.O. E	Box NOT acceptable)	APH 2024 NOV	
<u> </u>		1	三百百	
Name:	Leif Kantro		:::- ♡ 글거국::	
Office Address:	109 Palomar Drive		- 12% 5	
Office Address.			70de)	
	St Johns	, Florida <u>32259</u> (Zipe		
Registered agent's accep	(City)	(Zip e	ode)	
designated in this applica	tion, I hereby accept the appointmen	of process for the above stated limit nt as registered agent and agree to a per and complete performance of m	ct in this capacity. I further agre	
designated in this applica to comply with the provis	tion, I hereby accept the appointmentions of all statutes relative to the prossion as registered agent.	nt as registered agent and agree to a	ct in this capacity. I further agre	
designated in this applica to comply with the provis	tion, I hereby accept the appointmentions of all statutes relative to the pro	nt as registered agent and agree to a per and complete performance of m	ct in this capacity. I further agre	
designated in this applica to comply with the provise and accept the obligation	tion, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. /s/ Leif Kantro	nt as registered agent and agree to a per and complete performance of m	ct in this capacity. I further agre y duties, and I am familiar with	
designated in this applicate comply with the provise and accept the obligation 8. The name, title or capa	tion, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. /s/ Leif Kantro (Registered agent) active and address of the person(s) who	nt as registered agent and agree to a per and complete performance of ment's signature: to has/have authority to manage is/are	ct in this capacity. I further agrey duties, and I am familiar with	
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designated in this applicate comply with the provise and accept the obligation 8. The name, title or capatitle or Capacity: Managing Membe (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	tion, I hereby accept the appointmentions of all statutes relative to the pross of my position as registered agent. /s/ Leif Kantro (Registered agent) acity and address of the person(s) who Name and Address: Leif Kantro 109 Palomar Drive 51 Johns, FL 32259 Jaime Kantro 109 Palomar Drive 51 Johns FL 32259 Ssary) c of existence, no more than 90 days cof which it is organized. (If the certif	nt as registered agent and agree to a per and complete performance of memissignature) to has/have authority to manage is/are Title or Capacity:	ct in this capacity. I further agrey duties, and I am familiar with	
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Typed or printed name of signee

Leif Kantro

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence C2C Solutions LLC as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/20/2020, and in good standing in this State.



Certificate Number: B202411195197821

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/19/2024.

FRANCISCO V. AGUILAR Secretary of State