

11/26/24, 2:33 PM

Division of Corporations

## Florida Department of State

Division of Corporations

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(((H24000392708 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.  
Account Number : I20010000202  
Phone : (941)954-4691  
Fax Number : (941)954-2128

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: CORPORATION@NHL.SLAW.COM

**Foreign Limited Liability Company  
SenText Solutions LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FL

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December 4, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NORTON, HAMMERSLY, LOPEZ & SKOKOS, P.A.

SUBJECT: SENTEXT SOLUTIONS LLC  
REF: H24000392708

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

✓ The document submitted does not meet eligibility requirements for electronic filing. Please do not attempt to refile this document prior to making adjustments to improve legibility.

✓ The registered agent must sign accepting the designation.

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

Corey Pettway  
Regulatory Specialist II  
Registrations Section

FAX Ack. #: H24000392708  
Letter Number: 924A00026240

H24000 54 C 10 W

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. SENTEXT SOLUTIONS LLC

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

(If name undervalable, 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. Connecticut

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

## 3.

27-5189262

(FBI number, if applicable)

## 4. Date of registration

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

## 5. 1819 Main Street, Suite 610

(Street Address of Principal Office)

## 6. 1819 Main Street, Suite 610

(Mailing Address)

Sarasota, FL 34236

Sarasota, FL 34236

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

Name: Christopher J. Fowler

Office Address: 1819 Main Street, Suite 610

Sarasota

(City)

Florida 34236

(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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H240003927083

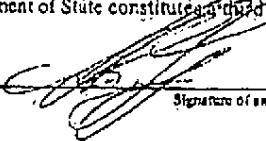
8. For initial indexing purposes, list names, title or capacity, and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: Philip R. Ludwig	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1819 Main Street, Suite 610	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Sarasota, FL 34236	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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. 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 603.0203(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  
Philip R. Ludwig, Manager  
\_\_\_\_\_  
Typed or printed name of signer

H240003927083

**Secretary of the State of Connecticut  
Certificate of Legal Existence**

Certificate of Legal Existence Certificate

Date Issued: Tuesday, November 26, 2024 2:17 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

**Business Details**

Business Name	SENTEXT SOLUTIONS LLC
Business ALEI	US-CT.BER:1029221
Formation Date	02/18/2011



Secretary of the State

Business ALEI: US-CT.BER:1029221

Note: To verify this certificate, visit [Business.ct.gov](http://Business.ct.gov)

Certificate Number: C-00149526