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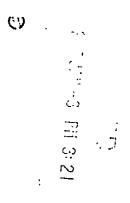
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Special Instructions to	Filing Officer:	





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T. LEMIEUX



### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Solution Services, Inc.	
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this man	tter to the following:
Rob MacPherson	
Name	of Person
Firm/C	ompany
American Fork, UT 84003	dress
City/State	and Zip code
	d for future annual report notification)
For further information concerning this matter, please	
Rob MacPherson at (	756-1600
Name of Person Area Co	ode Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMEN  \$\overline{\Pi}\$ \$70.00 Filing Fee \$\overline{\Pi}\$ Certificate of Status	T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Solution Sc	ervices. Inc		
(Enter name "Inc.," "Co.	e of corporation; must include "INCORPORATED.", "Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name una	available in Florida, enter alternate corporate name ad-	opied for the purpose of transacting b	usinans in Florida
<sub>2.</sub> UT	3 87	7-0632167	usiness in Fiorida)
(State or country under the law of which it is incorporated) . 05/18/1999		(FEI number, if applicable)	
6. 01/01/2025	Date of incorporation)	(Date of duration, if other than perpetual)	
7. 478 W 70 No	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 orth	orida, if prior to registration) , F.S., to determine penalty liability)	
	(Principal office ork, UT 84003	street address)	1
	(Current mailing a	ddress, if different)	<u> </u>
8. Name and s	street address of Florida registered agent: (P.O. E InCorp Services, Inc.	sox <u>NOT</u> acceptable)	<u>ુ</u>
Office Address	2450 1	_	
	Tallahassee	_ , Florida <sup>32312</sup>	
	(City)	(Zip code)	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Heather Glenn on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

□Director  ■ President	Name: Rob MacPherson  478 W 70 N  Address: American Fork, UT 84003	□Chairman □Vice Chairman □Director	Name:
□Director  ■ President	Address: 478 W 70 N American Fork, UT 84003		
□Director  ■ President	American Fork, UT 84003	Director	<del></del>
-			
□ Vice President		□President	
		□Vice President	
□Secretary	□Treasurer	□ Secretary	Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
☐Director _		□Director	
□President _		□President	
□Vice President _		_	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman ?	Name:	□Chairman i	Name:
□Vice Chairman = i	Address:	□ Vice Chairman	
□Director _		Director	
□President		☐ President	
□Vice President _		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
12.	se an attachment to report more than six (6). The dded to the index when filing your Florida Department (and who is listed in number signing this document	rtment of State Annual Repo	ort form.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.



SPENCER J. COX Governor

DEIDRE M. HENDERSON Lieutenant Governor

## **UTAH DEPARTMENT OF COMMERCE**

Division of Corporations and Commercial Code

MARGARET W BUSSE Executive Director

ADAM WATSON Division Director

December 26, 2024

# CERTIFICATE OF EXISTENCE

Registration Number:

1451630-0142

**Business Name:** 

SOLUTION SERVICES, INC.

Principal Office Address:

478 W 70 N, AMERICAN FORK, UT 84003

Registered Date:

05/18/1999

Entity Type:

DOMESTIC BUSINESS CORPORATION

Current Status:

**ACTIVE - CURRENT** 

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.



Adam Watson

Director

Division of Corporations and Commercial Code

Certificate Number: 202412260928321
Enter the certificate number at <a href="https://businessregistration.utah.gov">https://businessregistration.utah.gov</a> to verify this certification.