

MIL0000000615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

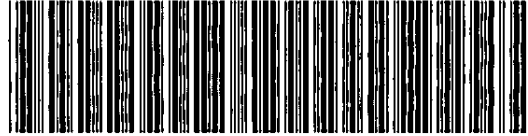
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-925

Office Use Only



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01/06/16--01014--009 **130.00

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2016 JAN 22 P 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2016
BRANCH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2016

LAURA A. PFOHL
312 S. OLD DIXIE HWY, UNIT 109
JUPITER, FL 33458

SUBJECT: SOPRIS SYSTEMS, LLC
Ref. Number: W16000000925

RECEIVED
2016 JAN 25 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SOPRIS SYSTEMS, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00000383

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Handwritten signatures and initials]
WA
202-729-
1248

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sopris Systems, 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:

Laura A. Pfohl

Name of Person

Sopris Systems, LLC

Firm/Company

312 S. Old Dixie Hwy Unit 109

Address

Jupiter, FL 33458

City/State and Zip Code

lpfohl@soprissystems.com

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

For further information concerning this matter, please call:

Laura A. Pfohl

970

300-2431

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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

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TALLAHASSEE, FLORIDA

**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. Sopris Systems, 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 3. 30-0636373
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/4/16
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
312 S. Old Dixie Hwy Unit 109, Jupiter, FL 33458
(Street Address of Principal Office)

6. _____
312 S. Old Dixie Hwy Unit 109, Jupiter, FL 33458
(Mailing Address)

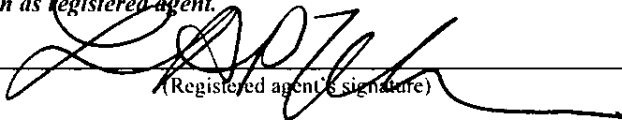
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Laura A. Pfohl
Office Address: 312 S. Old Dixie Hwy Unit 109
Jupiter, Florida 33458
(City) (Zip code)

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TALLAHASSEE, FLORIDA

Registered agent's acceptance:

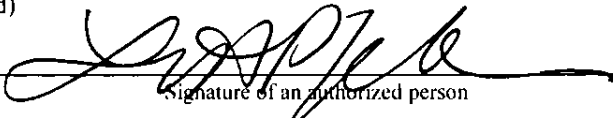
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Laura A. Pfohl 312 S. Old Dixie Hwy Unit 109, Jupiter, FL 33458, Managing Member

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)


Signature of an authorized person

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.

Laura A. Pfohl
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOPRIS SYSTEMS, 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 NINETEENTH DAY OF JANUARY, A.D. 2016.



4843641 8300

SR# 20160286511

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

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

Authentication: 201696361

Date: 01-19-16