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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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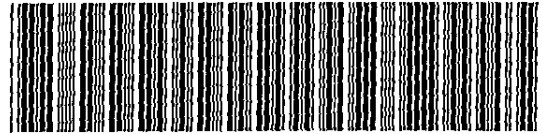
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FILED
TALLAHASSEE, FLORIDA

03 FEB 10 AM 11:12

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Systems Technologies, LLC
A Native American Indian Owned Company

SBA 8(a) Certified

February 6, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Ref: W03000002469
Letter Number 403A00005207

Dear Sir or Madam:

Enclosed please find our original, certified Certificate of Existence from the Commonwealth of Pennsylvania. When our paperwork was originally filed, I must have neglected to enclose the Certificate.

Thank you for your assistance, and please let us know if you need additional information.

Sincerely,

Kristin C. Reed
Secretary

Enclosure

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TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. SAGE SYSTEMS TECHNOLOGIES, LLC
(Name of foreign limited liability company)
2. COMMONWEALTH OF PENNSYLVANIA 3. 32-0011243
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. SEPTEMBER 13, 2002 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. SEPTEMBER 13, 2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1018 WEST NINTH AVENUE, #202
KING OF PRUSSIA, PA 19406
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:

<u>David W. Reed</u>	<u>8460 Red Fox Lane, Warrenton, VA 20186</u>
<u>Maurice Subilia</u>	<u>5 Morin Street, Biddeford, ME 04005-4497</u>
<u>Theodore Lynch</u>	<u>1020 Nineteenth St., NW, #520, Washington, DC 20036</u>
<u>Jack B. Smith</u>	<u>793 Main Street, Sanford, ME 04073</u>

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Engineering and information technology support services

David W. Reed
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David W. Reed

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SAGE SYSTEMS TECHNOLOGIES, LLC

2. The name and the Florida street address of the registered agent and office are:

David W. Burns

(Name)

2523 Fletch Court

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Lake Mary

FL 32746

(City/State/Zip)

TALLAHASSEE, FLORIDA

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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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

David W. Burns

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

C O M M O N W E A L T H O F P E N N S Y L V A N I A

D E P A R T M E N T O F S T A T E

DECEMBER 16, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SAGE SYSTEMS TECHNOLOGIES, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office shown as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

C. Michael Stewart

Secretary of the Commonwealth

DPOS