

MO4 0000000899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

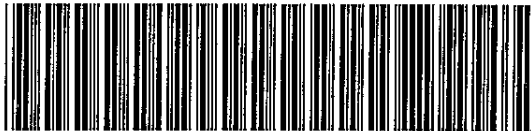
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/11/04--01036--010 **100.00

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TALLAHASSEE, FLORIDA

MO4-7358

J. BRYAN MAR 2, 2004

J. BRYAN MAR - 2 2004

ATTENTION VALUED CUSTOMERS AND VENDORS

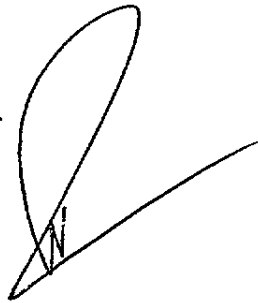
As of Tuesday, February 3, 2004, Dr. Byte USA will be at a new location. Our new address and phone numbers follow:

Dr. Byte USA
1900 Glades Road
Boca Raton, FL 33431-7378
Phone Number: (561) 417-4413
Fax Number: (561) 417-4752

We thank you for the continuing business relationship you maintain with us.

Sincerely,

Moti J. Dover
MD:jd

A handwritten signature in black ink, appearing to be 'M. J. Dover', written over a horizontal line.

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TALLAHASSEE, FLORIDA

MAIL 0326104



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 20, 2004

MOTI J. DOVER
DR. BYTE USA
1900 GLADES ROAD
BOCA RATON, FL 33431-7378

SUBJECT: DR. BYTE USA, LLC
Ref. Number: W04000007358

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for DR. BYTE USA, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 604A00011744

CHK: \$ 25

TO FLORIDA DEPT OF STATE
FOR: AUTHORIZATION
TO TRANSACT BUSINESS
IN FLORIDA

03/05/2004



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 2, 2004

MOTI J. DOVER
DR. BYTE USA
1900 GLADES ROAD
BOCA RATON, FL 33431-7378

SUBJECT: DR. BYTE USA, LLC
Ref. Number: W04000007358

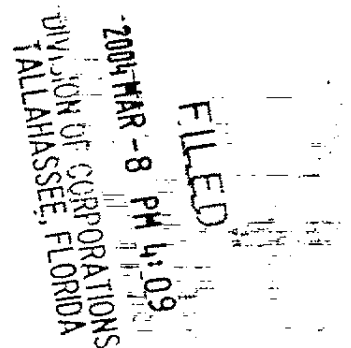
Please accept our apology for failing to mention this in our previous letter.

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call
(850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 304A00013941



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER ¹⁰⁰ FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DR. BYTE USA, LLC
(Name of foreign limited liability company)
2. State of Wisconsin 3. 47-087083-5
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. June 5, 2002 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Feb. 04.2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1900 Glades Road Suite 435 Boca Raton, FL 33431-7378
(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:

DAVID DAVIS - MGRM - 1900 GLADES ROAD # 435 BOCA RATON, FL 33431
BRAD BDEWIG - MGRM - 1900 GLADES ROAD # 435 BOCA RATON, FL 33431
JEFF KNOPS - MGRM - 1900 GLADES ROAD # 435 BOCA RATON, FL 33431
MOTI J DOVER - MGR - 1900 GLADES ROAD # 435 BOCA RATON, FL 33431

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: Managing, Marketing
and Sales of filing Storage, Desk Accessory, Clothing Care, Computer and Binder Products

M J DOVER
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.)

Moti J. Dover

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

DR. BYTE USA, LLC

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

Moti J. Dover

(Name)

1900 Glades Road Suite 435

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

Boca Raton, FL 33431-7378

(City/State/Zip)

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.

M J DOVER
(Signature)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that;

DR. BYTE USA, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is June 5, 2002.

I further certify that said company has not filed articles of dissolution with this department.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on February 9, 2004.

A handwritten signature in black ink, appearing to be "Ray Allen".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To Validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 1704-60E20824