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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED

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SECRETARY STATE

ALLAHASSEE FLORID

#### **COVER LETTER**

(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

TO:

Registration Section
Division of Corporations

SUBJECT: COR TECH GROUP US LLC

liability company to transact business in Florida..

James E. Morrison, E	this matter to the following:	
	this matter to the following:  SQ.  (Name of Person)  LLP  (Firm/Community)	
Morrison & Associates,	LLP	
	(Firm/Company)	
6109 Golf Estates C	court •	
	(Address)	
Laytonsville, MD 20	882	
(C	ity/State and Zip Code)	
further information concerning this matte	er, please call:	
DEANNA TOM	at ( 415 ) 552-5200	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
	2661 Executive Center Circle Tallahassee, FL 32301	
Tallahassee, FL 32314	Tallallassee, PE 52501	
lanassee, FL 32314  losed is a check for the following amount  □\$125.00 Filing Fee □\$130.00 Filing F	<b>:</b>	

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	COR TECH GROUP US LLC
	(Name of Foreign Limited Liability Company)
2.	NEVADA 3
•	(Innisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1	01/31/2006 5. PERPETUAL
7.	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	TAS SE
v.	(Date first fransacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  21200 POINT PLACE
7.	21200 POINT PLACE
	AVENTURA FI 33180
	(Street Address of Principal Office)
8.	If Jimited 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:
	BRUCE DEIFIK 2275 CORPORATE CIR., SUITE 300 HENDERSON, NV 89074
	DANNY GREENSPUN 2275 CORPORATE CIR., SUITE 300 HENDERSON, NV 89074
th	). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)
1	Nature of husiness or purposes to be conducted or promoted in Florida:
	Supply Management Specialists  Juhan Karnah
	Signature of a member of 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.)
	MICHAEL CORNISH
	Typed or printed name of signee

### 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:

(Signature)

$\alpha \alpha \alpha$	TECH		71117	110	1 1	
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2. The name and the Florida street address of the registered agent and office are:	OG I
MICHAEL CORNISH	PR 2
(Name)	ISSN 90 FE
21200 POINT PLACE	F. F. S.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	32 ORIDA
AVENTURA FL 33180	
City/State/Zip	<del></del>

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, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## SECRETARY OF STATE



#### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COR TECH GROUP US LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 31, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 21, 2006.

DEAN HELLER Secretary of State

By

Certification Clerk