

MO7000006137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

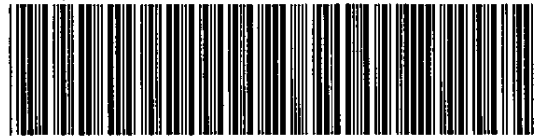
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07 OCT -5 AM 9-11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2007 OCT -5 AM 10:48

NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 259468 7349268

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

07 OCT -5 AM 9:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 4, 2007

ORDER TIME : 9:21 AM

ORDER NO. : 259468-005

CUSTOMER NO: 7349268

FOREIGN FILINGS

NAME: TECHNICAL SYSTEMS INTEGRATORS  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney -- EXT# 2916

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2007

KELLY COURTNEY  
CSC  
TALLAHASSEE, FL

SUBJECT: TECHNICAL SYSTEMS, LLC  
Ref. Number: W07000049378

**RESUBMIT**

Please give original  
submission date as file date.

**FILED**  
OCT - 5 AM 9:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your document for TECHNICAL SYSTEMS, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

In order to adopt an alternate name you must also submit a WRITTEN CONSENT TO ADOPT ALTERNATE NAME form. We are attaching one of these forms for your convenience.

ALSO, please list the names and addresses of the company's MANAGERS or MANAGING MEMBERS in Item 9.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 707A00058291

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
OCT 11 PM 2:42  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**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. TECHNICAL SYSTEMS INTEGRATORS, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Technical Systems, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. GEORGIA**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3.**

76-0711696

(FEI number, if applicable)

**4.**

9/5/2002

(Date of Organization)

**5.**

Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7.**

119 P. Rickman Industrial Dr.

Canton, GA 30115

(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:**

Dr. John David Pickering - MGM Member

119 P. Rickman Industrial Drive.

Canton, GA 30115

FILED  
OCT 5 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

Computer consulting and installation

Nancy S. Pickering  
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.)

Nancy S. Pickering

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:

TECHNICAL SYSTEMS INTEGRATORS, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Technical Systems, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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, Florida Statutes.*

Corporation Service Company

**Brian Courtney**  
Asst. V. Pres.

BY: 

(Signature)

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

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing  
Members of TECHNICAL SYSTEMS INTEGRATORS, LLC,  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of  
GEORGIA,  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the  
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the  
following name to transact business in the state of Florida:

TECHNICAL SYSTEMS, LLC  
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability  
Company, L.L.C., or LLC.)

Date: 10/05/2007

Signature(s) of Manager(s) and/or Managing Member(s):

/s/ Nancy S. Pickering  
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# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### TECHNICAL SYSTEMS INTEGRATORS, LLC

#### Domestic Limited Liability Company

was formed or was authorized to transact business on 09/05/2002 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 4th day of October, 2007

Karen C Handel  
Secretary of State