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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 11 2009

EXAMINER

12009-11597



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2009

NICHOLAOS S GALAKIS
150 NORTH AVE
FANWOOD, NJ 07023-1209

SUBJECT: EAGLEVISION OF FLORIDA, LLC
Ref. Number: W09000011597

We have received your document for EAGLEVISION OF FLORIDA, 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):

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 309A00008408

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLEVISION OF FLORIDA, 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:

NICHOLAOS S. GALAKIS

(Name of Person)

EAGLEVISION OF FLORIDA, LLC.

(Firm/Company)

150 NORTH AVENUE

(Address)

FANWOOD, NEW JERSEY 07023-1209

(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAOS S. GALAKIS

(Name of Person)

at (908) 322-1892

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
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



Nicholaos S. Galakis
President & CEO

EagleVision of Florida, LLC
150 North Avenue
Fanwood, NJ 07023-1209
Ph: 908.322.1892
Fax: 908.322.0673
E-mail: ngalakis@eaglevisionusa.us

March 23, 2009

Ms. Suzanne Hawkes
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: EagleVision of Florida, LLC
Ref. Number: W09000011597

Dear Ms. Hawkes,

As per your request, I am attaching a copy of the written consent of the managers adopting the name "EVF Technologies, LLC." to transact business in the state of Florida.

If you need to contact me directly please call my cell phone at: (908) 377-9852.

Thank you for all your assistance in this matter.

Sincerely yours,

**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 EAGLEVISION OF FLORIDA, LLC.
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

THE STATE OF DELAWARE

(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:

EVF TECHNOLOGIES, 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: MARCH 20, 2009

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



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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. EAGLEVISION OF FLORIDA, 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 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. THE STATE OF DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01-02-09 5. PERPETUAL
(Date of Organization) (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. 150 NORTH AVENUE, FANWOOD, NEW JERSEY 07023-1209

(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:

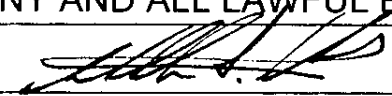
NICHOLAOS S. GALAKIS - 150 NORTH AVENUE, FANWOOD, NJ 07023-1209

BRUCE M. TORREY - 7706 ORANGE TREE LANE, ORLANDO, FL 32819-4620

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: _____

ANY AND ALL LAWFUL BUSINESS


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.)

NICHOLAOS S. GALAKIS

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the Limited Liability Company is:

EAGLEVISION OF FLORIDA, LLC.

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

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

BRUCE M. TORREY

(Name)

7706 ORANGE TREE LANE

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

ORLANDO

FL 32819-4620

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.

Bruce M. Torrey
(Signature)

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

Delaware

PAGE 1

The First State

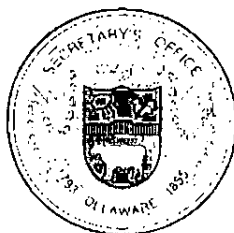
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "EAGLEVISION OF FLORIDA, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2008, AT 12:16 O'CLOCK P.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7059133

DATE: 01-02-09