# M09000002003

(Requestor's Name)
(Address)
(Address)
(1831055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.2
<b>5</b>
(Document Number)
Certified Copies Certificates of Status
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09 MAY 26 PH 3: 43

SECRETARY OF STATE DIVISION OF CORPORATIONS

23/65C-90

T. HAMPTON

MAY 2 7 2009

**EXAMINER** 

#### **COVER LETTER**

_	istration Section sion of Corporations	
SUBJECT:	Geckotech, LLC	
		imited Liability Company)
Florida," Ce		Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return	n all correspondence concerning this	s matter to the following:
	Sherry Gale	
	(	Name of Person)
	Regulatory and Tax Con	sultants, LLC
	(	Firm/Company)
	450 Old Peachtree Rd N	W, Ste 101A
		(Address)
	Suwanee, GA 30024	
	(City)	(State and Zip Code)
For further i	information concerning this matter, p	please call:
She	erry Gale	at ( 678 ) 436-5592
	(Name of Person)	(Area Code & Daytime Telephone Number)
Divi: P.O.	sion of Corporations Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \$\square\$	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAY 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 18, 2009

SHERRY GALE REGULATORY AND TAX CONSULTANTS LLC 450 OLD PEACHTREE RD NW - STE 101A SUWANEE, GA 30024-3

SUBJECT: GECKOTECH, LLC Ref. Number: W09000023263

We have received your document for GECKOTECH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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 the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 309A00016765

# 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 A FOREIGN LIMITED HARD ITY COMPANY TO TRANSACT RENDESS. IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a co		
(If name unavailable, enter alternate name adopted for the nurnose of transacting business in Florida and attach a co		
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Company," "L.L.C.," "LLC.")		
<sub>2.</sub> Illinois 3 04-3765905		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		_
4. 6/1/2003 5. Perpetual		_
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	cease to	
6.		_
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
<sub>7.</sub> 300 N. Elizabeth St., Ste 510-C,Chicago, IL 60607		
	09 MAY	SEAID .
(Street Address of Principal Office)	AY	
8. If limited liability company is a manager-managed company, check here	26 F	SECRETARY OF STATE WOLVISION OF CORPORATION
9. The name and usual business addresses of the managing members or managers are as follows	: 유 : 3:	OF STA
300 N. Elizabeth St., Ste 510-C, Chicago, IL 60607	£	70H 31,
Joshua Robbins MGRM		i)
		_
	<del>.</del>	_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cust the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language to provide configuration of the certificate and or the certif		cords in
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: Telecommunic	ations	S -
		_•

Typed or printed name of signee

Joshua Robbins

## 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.

Geckotech, 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:	
	Incorp Services, Inc.	
•	(Name)	
	17888 67th Court North	
	.,	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
•		

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 proposition as registered agent as provided for in Chapter 608, Florida Statutes.

behalf of InCorp Services, Inc

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

\$ 5.00 Certificate of Status (optional) File Number

0094950-7



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

GECKOTECH, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 27, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0913101686

Authenticate at: http://www.cyberdriveillinois.com

## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH

day of

MAY

A.D.

2009

Desse White

SECRETARY OF STATE