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SECRETARY OF STATE

S. HAWKES
NOV 1 3 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: Innovative Technology Distributors, LLC Name of Limited Liability Company	
The end Existen	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	e of rida
Please	urn all correspondence concerning this matter to the following:	
	Victor Bilak	
	Name of Person	
	Innovative Technology Distributors, LLC	
	Firm/Company	
	30 Mayfield Avenue	
	Address	
	Edison, NJ 08837	
	City/State and Zip Code	
	vbilak@itdistributors.com	
	E-mail address: (to be used for future annual report notification)	
For fun	er information concerning this matter, please call:	
	Victor Bilak at (732) 476-6605	
	Name of Person Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Registration Section Callahassee, FL 32314 Registration Section Clifton Building Callahassee, FL 32301	
Enclo	d is a check for the following amount:	
	\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certified Copy} \text{S160.00 Filing Fee, Certified Copy} \text{of Status & Certified Copy}	

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Innovative Technology Distributors, 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.") New Jersey (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 3/30/2005 Perpetual (Date of Organization) (Duration: Year limited liability company w exist or "perpetual") 6. 1/1/2010 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 30 Mayfield Avenue, Edison, NJ 08837 (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: Linda Spinella-30 Mayfield Avenue, Edison, NJ 08837 Brian Conway-30 Mayfield Avenue, Edison, NJ 08837 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: Reseller of Hardware-Software and Professional Services

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.)

Victor Bilak-Chief Financial Officer
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:
Innovative Technology Distributors, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Victor Bilak
(Name)
Corporate Center One, 2202 North West Shore Blvd. STE-115 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tampa F L 33607
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.
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/ (Signature)
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

\$ 5.00

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

INNOVATIVE TECHNOLOGY DISTRIBUTORS LLC 0600232197

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 30, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Victor W. Bilak 30 Mayfield Avenue Edison, NJ 08837



Certificate Number: 111420260

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of December, 2007

Michella

Michellene Davis
Acting State Treasurer