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Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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Office Use Only



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DEPARTMENT OF STAT

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COVER LETTER

	tration Section ion of Corporations	
SUBJECT: _	CV Technical Systems, LLC Name of Limited Liability Company	
The enclosed 'Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer check are submitted to register the above referenced foreign limited liability company to transact business	rtificate of in Florida,
Please return a	Il correspondence concerning this matter to the following:	
	Sunshine Corporate & Filing Name of Person Services, Inc.	
	OAEO Lakaahaaa Dahaa	၁ ဗ
	Tallahassee, FL 32312 Firm/Company	T
	Address	ρ C
	City/State and Zip Code)
	E-mail address: (to be used for future annual report notification)	
For further inf	ormation concerning this matter, please call:	
	Tina at (850), 508-1891	
	Name of Contact Person Area Code Daytime Telephone Number	
Divis Regii P.O.	LING ADDRESS: ion of Corporations bration Section Box 6327 Clifton Building hassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is	a check for the following amount: 25.00 Filing Fee \$\square\$ \$\\$130.00 Filing Fee & \$\square\$ \$\\$160.00 Filing Fee, Certified Copy of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2014

SUNSHINE CORPORATE & FILING SERVICES, INC. ATTN: TINA GOFF 3458 LAKESHORE DIVE

3458 LAKESHORE DIVE TALLAHASSEE, FL 32312

SUBJECT: CV TECHNICAL SYSTEMS, LLC

Ref. Number: W14000041232

We have received your document for CV TECHNICAL SYSTEMS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 014A00014396

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CV TECHNICAL SYSTEMS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.	LC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	must includ	le "Limited
iebility Company," "L.L.C," or "LLC.")		
Georgia 3.		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)) <u>2</u> [3	400
Upon Approval		<u> </u>
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
6010 Atlantic Boulevard		- F
Norcross, GA 30071		ထဲ
(Street Address of Principal Office)		
6010 Atlantic Boulevard		
Norcross, GA 30071		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to mans. Automobile Protection Corporation- Member-6010 Atlantic Blvd. Norcross. 8. Attached is an original certificate of existence, no more than 90 days old, duly authentic	GA 300	071
aving custody of records in the jurisdiction under the law of which it is organized. (A pho	tocopy is	ie official s not
acceptable. If the certificate is in a foreign language, a translation of the certificate under or must be submitted)		
In I de		
- Malsu		
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that may are that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	the facts sta or in s.817.15	ted herein are i5, F.S.)
John E. Lee, Manager		- · · - · ·
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Co	* *	
If unavailable, th	ne alternate to be used in	the state of Florida is:	
2. The name an	d the Florida street addre	ess of the registered agent and office are:	2111 JUL ************************************
,	REGISTERED	AGENT SOLUTIONS, INC.	,
		(Name)	
•	155 Office Pla	aza Dr. Suite A	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	8: 05
	Tellahassee,	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 605, Florida Statutes.

Jaclyn Wright, Asst. Secretary
(Signature)

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

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 14056179
DATE INC/AUTH/FILED : June 09, 2014
JURISDICTION : Georgia
PRINT DATE : June 28, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CV TECHNICAL SYSTEMS, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.

Brian P. Kemp Secretary of State

B: P.h.

Tracking #: vFg7WxYZ