# MIS 600001780

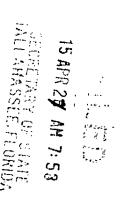
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#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

### **Bolt Data Consulting Group LLC**

Certificate of Status

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 mat	ter to the following:			
Jeremy Mittel				
	Name of Person			
Bolt Data Consu	ulting Group L	LC		
	Firm/Company			
704 S Adams S	t			
	Address			
Junction City KS	66441			
	City/State and Zip Code			
jeremy.mittel@bolt-data.com				
E-mail address:	(to be used for future annual rep	ort notification)		
For further information concerning this matter, pleas	e call:			
Jeremy Mittel	785	3754846		
Name of Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ele		
Enclosed is a check for the following amount				
□ \$125.00 Filing Fee	Fee & 🔲 \$155.00 Filing	Fee & \$160.00 Filing Fee, Certificate		

Certified Copy

of Status & Certified Copy

## 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:

1. Bolt Data Consulting Group 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 transa Liability Company," "L.L.C," or "LLC.")	cting business in Florida. The alternate name must include "Limited
	46-1741408
(Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)
company is organized)	• • • • •
N/A	
(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	1a, it prior to registration.) to determine penalty liability)
704 S Adams St	
Junction City KS 66441	
(Street Address of P	incipal Office)
704 S Adams St	
Junction City KS 66441	
(Mailing Ac	dress)
. The name, title or capacity and address of the person(s	) who has/have outhority to manage la/ave.
	who has have audiothy to manage is ale.
Rob Meredith, member	20 Miles
Chris Hurd, member	οR 2
	62 ± (5)
Attached is an original certificate of existence, no more ving custody of records in the jurisdiction under the law	
ceptable. If the certificate is in a foreign language, a tran	islation of the certificate under oath of the translate
ust be submitted)	issuation of the certificate under oddi of the translate
Laser March	4
Signature of an au	hortzed nerson
occordance with section 605.0203, F.S., the execution of this document constitutes aware that any false information submitted in a document to the Department of Sta	an affirmation under the penalties of perjury that the facts stated became are
Rob Meredith	
Typed or printed nar	ne 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.

If unavailable	e, the alternate to l	be used in the state of Florida is:	
			,
2. The name	and the Florida st	treet address of the registered agent and office are:	
	Rob Me	redith	
		(Name)	
9610 Tree Tops Lake Rd			
	Flo	Iorida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tampa	<sub>FL</sub> 33626	5 APR
		City/State/Zip	12 <b>9</b>
Havina heen	named as recistere	red agent and to accept service of process for the abov	ve stated limited
liability comp registered ago statutes relati	oany at the place d ent and agree to a ing to the proper a	designated in this certificate, I hereby accept the appoint in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiation as registered agent as provided for in Chapter (Signature)	intment as provisions of all iliar with and
		\$ 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 KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6788145

Entity Name: BOLT DATA CONSULTING GROUP LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: JEREMY MITTEL

Registered Office: 704 S Adams St, JUNCTION CITY, KS 66441

was filed in this office on January 10, 2013, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 17, 2015

This W. Kobach

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 657028 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.