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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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RECEIVED 15 AUG 24 PM 4: 24

AUG 2'5 2015 ) BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 757878 8032749

AUTHORIZATION

COST LIMIT

ORDER DATE: August 24, 2015

ORDER TIME : 2:39 PM

ORDER NO. : 757878-005

CUSTOMER NO: 8032749

# FOREIGN FILINGS

NETWORK INSTALLATION NAME:

SPECIALISTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY \_\_\_\_\_ PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

# COVER LETTER

TO:		ation Section 1 of Corporatio	ns						
SUBJE		twork Installatio	on Specialists, LLC						
50 <b>D</b> #E	.c		Name of	Limited Liability	Company				
			reign Limited Liability Com ed to register the above refer						
Please r	eturn all c	correspondence	concerning this matter to the	following:					
		Gary Hahn							
		<del></del>	N	lame of Person				<del></del>	
		SBS Services (	Corporation						
		Firm/Company							
		3091 Holcomb	Bridge Rd, Ste M2			<i>:</i> :	<b>-4</b>		
Address							2115		
		Norcross, GA	30071				RET.		71
City/State and Zip Code							24		
ghahn@sourcebb.com						>	[11]		
For furth	 ner inform	ation concerning	E-mail address: (to be used g this matter, please call:	for future annua	l report not	lification)	STATE	₽ 2 <b>5</b>	
	Gary Ha		<b>.</b>	678 at (	534-48	71	1	σ,	
		Name o	f Contact Person	Area Code	Day	time Telephone?	Vumber	_	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
		k for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filin			

# 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:

	USINESS IN THE STATE OF FLORIDA:				
1. Network Installation S	pecialists, LLC cign Limited Liability Company; must	include "I imited I is	ability Company " "I I C !	' or "[] ( '')	
(Name of For	eigh Limited Liability Company, must	mende Limies Lis	ability Company, L.C.C.,	or LLC.	
(If name unavailable, enter a	illernate name adopted for the purpose," or "LLC.")	of transacting busine	ss in Florida. The alternate	name must include	"Limited
2. Georgia	, , , , , , , , , , , , , , , , , , ,	3. 27-0989970			
(Jurisdiction under the law company is organized)	of which foreign limited liability	*** <u>*********************************</u>	(FEI number, if application	ble)	
4. upon filing				···	
	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if prior to 1905, F.S. to determin	o registration.) e penalty liability)		
5. 119 P Rickman Indust	rial Drive			<del></del>	
Canton, GA 30115					
A00177 1 1 7 1 1	(Street Address of Pr	incipal Office)		₹. ~	
6. 3091 Holcomb Bridge	Rd, Ste M2			SEC SEC	
Norcross, GA 30071				ARE AS	FILED
	(Mailing Ac	idress)		<b>%至 ~</b>	
7. Name and street address	ss of Florida registered agent: (P.O	. Box NOT accept	able)	₩. 	H
Name:	Corporation Service Company	<u> </u>	<del>.</del>	A IO:	D
Office Address:	1201 Hays Street		- -	A 26	
	Tallahassee		, Florida 32301	>	
	(City)		(Zip code)		
Registered agent's accept	tance: gistered agent and to accept servic	e of process for th	e ahove stated corporation	on at the place de	esignated in
this application, I hereby of	accept the appointment as register	red agent and agree	e to act in this capacity.	I further agree t	o comply
	statutes relative to the proper and the state of the stat			am familiar with	and accept
ine congunons of my post	tion as registered agent. Corporation Service Company	_	Emily Gray Asst. Vice President		
	By: Cruily (Registere	ed agent's signature)	Asst. vice i resident		
8. The name, title or capa	city and address of the person(s) w	ho has/have author	ity to manage is/are:		
•	mber, 3091 Holcomb Bridge Rd, N				
David Levitan, Managing	Member, 3091 Holcomb Bridge R	d, Norcross, GA 30	0071		
Josh Cavaretta, Managing	Member, 119 P Rickman Industria	ıl Drive, Canton, G.	A 30115		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days of which it is organized. (If the certibinitted)  Signature of	ificate is in a foreig	n language, a translation	g custody of reco of the certificate	rds in the under oath
	Signature of	an authorized person	l		
This document is executed submitted in a document to	in accordance with section 605.020 the Department of State constitutes	)3 (1) (b), Florida S s a third degree felo	tatutes. I am aware that a ny as provided for in s.81	ny false informati 17.155, F.S.	on

Typed or printed name of signee

Gary Hahn

Control Number: 09065208

# STATE OF GEORGIA

**Secretary of State** 

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

### 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

### NETWORK INSTALLATION SPECIALISTS LLC

## a Domestic Limited Liability Company

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

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12137191 : 09/16/2009 : Georgia : 8/21/2015 : 211



Brian P. Kemp Secretary of State