

MI500007575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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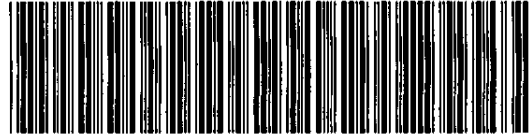
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

SEP 23 2015  
S. YOUNG

# AVATEC SOLUTIONS

Structured Cabling • Control Automation Systems • Distributed Audio/Video • Home Theater  
Security Systems • Video Surveillance • Access Controls • IT / Telecommunications

September 17, 2015

Mailing Address

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Foreign Limited Liability Corporation Application for AVAtec Solutions LLC

To Whom It May Concern:

Please accept my application to establish my company, AVAtec Solutions LLC, in the State of Florida. Enclosed you will find my application, along with the check and Certificate of Status from the State of New York. If you have any questions then please me know.

Best regards,



Julia Ettari  
Member Owner

Florida Address

206 SW 26<sup>th</sup> Avenue  
Cape Coral, FL 33991

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AVATEC SOLUTIONS LLC  
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 matter to the following:

Julia Ettari  
Name of Person  
AVATEC SOLUTIONS LLC  
Firm/Company  
206 4836 Briarwood Lane  
Address  
MANLIUS NY 13104  
City/State and Zip Code  
julia@avatecsolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Ettari at (239) 898-1083  
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 Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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. AVATEC SOLUTIONS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

AVATEC SOLUTIONS of FLORIDA LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK STATE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1890725  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 206 SW 26th Avenue  
CAPE CORAL FL 33991  
(Street Address of Principal Office)

6. 4836 BRIARWOOD LANE  
MANHUS NY 13104  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FRANK ETTARI

Office Address: 206 SW 26th Ave  
CAPE CORAL, Florida 33991  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Frank Ettari

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JULIA ETTARI, Joseph Barnett - Manager

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

J. Barnett  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joseph Barnett  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that AVATRONICS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/08/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment AVATRONICS LLC, changing its name to AVATEC SOLUTIONS LLC, was filed 07/09/2014.



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TALLAHASSEE, FLORIDA

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 09th day of September two  
thousand and fifteen.*

*Anthony Giardina*

Executive Deputy Secretary of State