## 14160000000848

(Re	equestor's Name)				
	,				
(Δ)	idress)				
, (Vr					
(Ac	ldress)				
(Ci	ty/State/Zip/Phone #	<i>‡</i> )			
PICK-UP	WAIT	MAIL			
(Bi	ısiness Entity Name	<u>,                                      </u>			
(50	Joiness Entity Warrie	,			
(De	ocument Number)				
Certified Copies	_ Certificates o	f Status			
Special Instructions to	Filing Officer				
Special Instructions to Filing Officer:					
ļ		,			
		·			

Office Use Only



200280629072

01/28/16--01009--004 \*\*125.00

16 JAN 28 PH 12: 02

FEB 0 2 2016 Y SULKER

## **COVER LETTER**

<sup>4</sup>TO:

⁴TO:		ration Section on of Corporatio	ns			
SUBJE	CT:	STRATEGIC	DESIGN & INTEGRAT	ION, LLC		
		···	Name of	Limited Liability Co	ompany	
The end Existen	closed "A	application by Fo heck are submitt	reign Limited Liability Comp ed to register the above refere	pany for Authorizati enced foreign limite	on to Tra d liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please I	return all	correspondence	concerning this matter to the	following:		
		JAMES	JANNUZZI			
			N	ame of Person		
		STRAT	egiç_design & intec	GRATION, LLC		
			Fi	rm/Company		
		157 B	ROAD STREET, SUITE	315		
				Address		
		RED B.	ANK,NJ 07701			
			City/Si	tate and Zip Code		
		jjann	uzzi@stratdi.com E-mail address: (to be used	d for future annual r	eport not	tification)
For furt	her infor	mation concernir	ng this matter, please call:		•	
		JAMES	JANNUZZI	at (917	968	<b>-</b> 3960
		Name	of Contact Person	Area Code	Day	rtime Telephone Number
	Division Registra P.O. Bo	NG ADDRESS n of Corporation ation Section ox 6327 ssee, FL 32314		]	Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding ecutive Center Circle see, FL 32301
Enclose		eck for the follow 0.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	; F <b>ee &amp;</b>	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

PLOONGLANCE WITH SECTION 608 1902, FLOREDA STATUTES THE FOLLOWING & SLEMMITED TO RELIESTER A FOREXIN LILEBERTY COMPANY TOTRANSACT BLEDGESS BY THE STATE OF FLOREDA:

1. \_\_STRATEGIC\_DESIGN\_6\_INTEGRATION, LLC

	_	Limited Liability Company," "L.L.C.," or "LLC.")	
(If came wavallable, enter all Liability Company," "L.L.C."	create name adopted for the purpose of execute or "LLC.")	ting business in Florida. The alternate name must b	schede "Limited"
2. DELAWARE	•	75-3102888	
(furisdiction under the law of company is organized)	which foreign limited liability	(FEI crumber, if applicable)	
4			
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. (	a, if prior to registration.) to determine penalty liability)	
5. 157 BROAD STR	EET, SUITE 315		
RED BANK, NJ	07701		
	(Street Address of Principal Of	lice)	
6. 157 BROAD STR	RET, SUITE 315		
RED BANK, NJ O	7701		
was saturates a	(Mailing Address)	······································	ें ह
7. Name and street address	of Florida registered agent: (P.O. Box N	OT acceptable)	1 · · · · · · · · · · · · · · · · · · ·
Name:	CT CORPORATION		AN AN
	1200 SOUTH PINE ISLAND RO	A.D.	Section 1
Office Address:	PLANTATION	22214	
	(City)	, Florida 33324 (Zip code)	PH IZ
designated in this applicati to complywith the provision	itstered agent and to occept service of pro- lon, I hereby occept the appointment as re	cess for the above stated limited liability can splistered agent and agree to act in this capot d complete performance of my datter, and I  Connie Br Aget. Sec	ity. I further agree co am fundilar with and yaes,
•	(Registered agent'	s signature)	<u> </u>
8. The name, title or cape JAMES JAMNUZZ	city and address of the person(s) who hash	nave authority to manage is/are:	_
157 BROAD STR	EET, SUITE 315		_
RED BANK, NJ			
9. Attached is a certificate	I which it is organized. (If the certificate i	iy authenticated by the official having custod) s in a foreign language, a translation of the cu	of records in the nificase under eath
of the translator must be su	bjn(t)Ed)		
	Y		
of the wandator must be su	Signation of the same		
of the translator must be su	Signature of the section (0.5 0203 (1)) (1	b), Florida Statutes. I am aware that any false it degree fetony as provided for in s.817.155, F	information .S.

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STRATEGIC DESIGN & INTEGRATION, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201705547

Date: 01-21-16