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COVER LETTER

TO:	Registration Section
	Division of Corporations

Fiber Commercial Technologies, LLC SUBJECT:

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:

Eileen K. Tobin, Corporate Paralegal

Name of Person

Cameron & Mittleman LLP

Firm/Company

301 Promenade Street

Address

Providence, RI 02908

City/State and Zip Code

ETobin@cm-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen K. Tobin, Corporate Paralegal	401 at()	331-5700 x336	
Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS;	<u>s</u>	TREET ADDRESS:	
Division of Corporations	D	vivision of Corporations	
Registration Section	Registration Section Registration Section		
P.O. Box 6327	P.O. Box 6327 Clifton Building		
Tallahassee, PL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee □ \$130.00 Filing Fee &	🖬 \$155.00 Filing 🛙	Fee & 🛛 🛛 \$160.00 Filing Fee, Certif.	

🗆 \$130.00 Filing Fee & Certificate of Status

S \$155.00 Filing Fee & Certified Copy

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

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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:

Fiber Commercial Technologies, LLC 1.

(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 transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2	3. 51-0006522
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)

(Dato first transacted business in Florida, if prior to registration.) (See sections 505.0904 & 605.0905, P.S. to determine penalty liability)

1001 N US Hwy 1, Suite 702 5

. . .

	Jupiter, FL 33477			ALSE		
	L-8-8-	(Street Address of Principal Office)			Ch	
6,	1001 N US Hwy 1, Sui	INUSHwy I, Sulto 702		L R	Ē	***7
	Jupiter, FL 33477			H A	B 2	148
	· · · ·	(Mailing Address)	<u></u>	4	-F-	1
7.	Name and street addres	ss of Florida registered agent: (P.O. Box NOT acce	ptable)	i en	٨M	
	Name:	C T Corporation System		0	ö	اسپیکا
	Office Address:	1200 South Pine Island Road	_	DRID A	5	
		Plantation	Florida 33324			
		(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 complywith 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.

Corporation System Bv: lon (Registered agent's signature)

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

Douglas G. Mancosh, Manager, 1001 N US Hwy I, Suite 702, Jupiter, FL 33477

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)

<u>U</u>			
Signature of an authorized person			

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, P.S.

Douglas G, Mancosh, Managor

Typed or printed name of signce

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIBER COMMERCIAL TECHNOLOGIES, 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-SECOND DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Authentication: 201868235 Date: 02-22-16

4752738 8300 SR# 20161018266

You may verify this certificate online at corp.delaware.gov/authver.shtml