M16000003425

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations ALLABASSELLIBRIDA

April 4, 2016

CARL J SMITH 2409 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065

SUBJECT: CJS TECHNOLOGY SELECT FUND II LLC

Ref. Number: W16000024610

We have received your document for CJS TECHNOLOGY SELECT FUND II LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00006765

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CJS Technology Select Fund II LLC	
50.561	Name of Limited Liability Company	
	sclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cernice, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please	return all correspondence concerning this matter to the following:	
	Carl J Smith	
	Name of Person	
	CJS Technology Select Fund II	
	Firm/Company	
	2409 N. University Drive	
	Address Coral Springs FL 33065	• 77
	Coral Springs, FL 33065	; .1
	City/State and Zip Code	3
	info@cjstechfund.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Carl J Smith 954 825-0309 at (
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclose	ed is a check for the following amount: \$\Boxed{\Boxesian}\$ \$125.00 \text{ Filing Fee} \Boxed{\Boxesian}\$ \$130.00 \text{ Filing Fee} \Boxed{\Boxesian}\$ \$155.00 \text{ Filing Fee} \Boxed{\Boxesian}\$ \$160.00 \text{ Filing Fee, Certificate of Status}\$\$\$ Certified Copy \text{ of Status & Certified Copy}\$\$\$\$	cate

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:

COMPANYTOTRANSA	CT BUSINESS IN THE STATE OF FLORIDA:		
1. CJS Technology S			
· · · · · · · · · · · · · · · · · · ·		include "Limited Liability Company," "L.L.C.," or	"LLC.")
CJS Tech Fund II LI			
Liability Company," "L	nter alternate name adopted for the purpose of a.L.C," or "LLC.")	of transacting business in Florida. The alternate nan	ne must include "Limited
2. Delaware		3. 81-1899936	
(Jurisdiction under the company is organized)	e law of which foreign limited liability ed)	(FEI number, if applicable)	
4. 04/01/2016	,		
1.	(Date first transacted business	in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	- 5100 J
5. 2409 N. Universit		905, F.S. to determine penalty hability)	APR 17
Coral Spings, FL	33065		
1,000	(Street Address of Pri	ncipal Office)	- j 65 1
6 2409 N. University		•	
		, , , , , , , , , , , , , , , , , , ,	- !- - :-
Coral Springs, FL			-
	(Mailing Ad	idress)	
7. Name and street a	ddress of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	Steven Baldassarra		
	2409 N. University Drive		
Office Addr	ess.	33065	
	Coral Springs	, Florida 33065	-
Office Addr	Coral Springs (City)	(Zip code)	-
Office Addr Registered agent's a Having been named	Coral Springs (City) acceptance: as registered agent and to accept service	(Zip code) ce of process for the above stated limited liabi	lity company at the place
Office Addr Registered agent's a Having been named designated in this ap	Coral Springs (City) acceptance: as registered agent and to accept service plication, I hereby accept the appointm	(Zip code) ce of process for the above stated limited liabi ent as registered agent and agree to act in the	is capacity. I further agree
Office Addr Registered agent's a Having been named designated in this ap to complywith the pr	Coral Springs (City) acceptance: as registered agent and to accept service plication, I hereby accept the appointm	(Zip code) ce of process for the above stated limited liabi	is capacity. I further agree
Office Addr Registered agent's a Having been named designated in this ap to complywith the pr	Coral Springs (City) acceptance: as registered agent and to accept service plication, I hereby accept the appointm ovisions of all statutes relative to the pr	(Zip code) ce of process for the above stated limited liabi ent as registered agent and agree to act in the	is capacity. I further agree
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Office Addr Registered agent's a Having been named designated in this ap to complywith the pr accept the obligation	Coral Springs (City)	(Zip code) see of process for the above stated limited liabite that as registered agent and agree to act in the coper and complete performance of my duties agent's signature)	is capacity. I further agree
Office Addr Registered agent's a Having been named designated in this ap to complywith the pr accept the obligation 8. The name, title of	Coral Springs (City)	(Zip code) the of process for the above stated limited liabilities are gistered agent and agree to act in the super-and complete performance of my duties agent's signature) The has/have authority to manage is/are:	is capacity. I further agree
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Typed or printed name of signee

Carl J. Smith

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CJS TECHNOLOGY SELECT FUND II 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 EIGHTEENTH DAY OF APRIL, A.D. 2016.

APR 26 PN 4: 47

5990317 8300

SR# 20162347443

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

Jeffrey W. Budlock, Secretary of State

Authentication: 202162904

Date: 04-18-16