

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Foreign Limited Liability Company Connected Technologies, LLC

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COVER LETTER

TO:		tion Section of Corporation	8				
SUBJE		nected Technolo	gies, LLC				
SODJE	CI;		Name of L	imited Liability C	ompany		
						nsact Business in Florida," Certify company to transact business in	
Please r	eturn ali c	orrespondence c	oncerning this matter to the t	following:			
		Scott A. Saucie	r				
	•		Na	me of Person			
			File	rm/Company			
		P.O. Box 1983					
				Address			
		Athens, GA 300	503				
		<u> </u>	City/\$t	ate and Zip Code			
	S	cott@tag-cpa.co	om ·			•	
	==	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future annual	report not	ification)	
For furt	her inform	nineence noits	this matter, please call:				
	Graciela	Sacnz		706 _at (546-14		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			ADDRESS: of Corporations ion Section uilding centive Center Circle ce, FL 32301			
Enclose		ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Piling Fee, Certifice of Status & Certified Copy	ate

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Connected Technologie							
(Name of Forc	ign Limited Liability Compa	my; must include "Lim	ited Liability Con	р <mark>япу,'' "L.L.С.,</mark> '	or "LLC."))	
Connected Tech, LLC				-			
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the 'or "LLC.")	purpose of transacting	business in Plorie	ifa. The alternate	name must i	includ e '	'Limited
2. Georgia		3. 58-26					
company is organized)	of which foreign limited liab	ility	(FEI m	umber, if applica	ble)		
4. 2/17/14	(Cata first tennesotas	d business in Florida, if	neine to maintenti	20.7			
	(See sections 603.0904	& 605.0905, F.S. to d	etermine penalty i	liability)			
5. 1550 Timothy Rd #105	· · · · · · · · · · · · · · · · · · ·					ි.ක කේ	
Athens, GA 30606					2.0		
D.O. IV. 1002	(Street Add	ress of Principal Office)		3 2	l.	
6. P.O. Box 1983					<u> </u>	\$	
Athens, GA 30603						\triangleright	_
	(N	failing Address)			- A K R		
7. Name and street addres	s of Florida registered age	ent: Φ.O. Box NOT	accentable)		TATE	-	
Name:	CT Corporation System			1	35		
Office Address:	1200 South Pine Island	Road					
	Plantation		, Florid				
Registered agent's accept Having been named as redesignated in this applicate to complywith the provision accept the obligations of a	tance; gistered agent and to acc tion, I hereby accept the c ons of all statutes relative ny position as registered a	appointment as regis to the proper and co agent. ation System	tered agent and omplete perform. Bu	l agree to act in	this capac	city. If	urther agree
		(Registered agent's sig	, -	dvc81			
8. The name, title or capa			authority to ma	nage is/are:			
Scott A. Saucier, Member	, P.O. Box 1983, Athens,	GA 30603				_	
Lauren Buckland, Membe	r, P.O. Box 1983, Athens	, OA 30603					
Eric Eley, Member, P.O. 1	Box 1983, Athens, GA 30	603			····		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (I		a foreign langua	nge, a translatio			
	Si	gnature of an authorize	d po son				
This document is executed submitted in a document to	in accordance with section	n 605.0203 (1) (b), F	lorida Statutes.	l am aware that	R17 155 R	nformat .S.	ion
,		ped or printed name of	cott A.S.	AUCILL			
	TV	ned or printed name of	signee				

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Control Number: 0116719

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

CONNECTED TECHNOLOGIES, 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

:13194552 :04/06/2001 :Georgia :06/06/2016 :211



B: flw Brian P. Kemp Secretary of State