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To:

Division of Corporations

Fax Number

: (850)617-6383

From;

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Foreign Limited Liability Company AVT TECHNOLOGY SOLUTIONS LLC

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S. YOUNG

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## **COVER LETTER**

TO: R	egistration Section ivision of Corporations						
SUBJECT	AVT Technology Soluti	ions LLC					
		Name of L	imited Liability C	ompany			
The enclos Existence,	ed "Application by Foreign and check are submitted to	n Limited Liability Compare register the above referen	any for Authorizat need foreign limit	ion to Tra d liability	nsact Business in Florida," C company to transact busines	ertificate of is in Florida.	
Please retu	en all correspondence conc	terming this matter to the f	following:				
Name of Person							
Firm/Company					<b>#</b>	₽\u0	
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	michael.mccoy@avn E-	et.com -mail address: (to be used	for future annual	report not	ification)	9	निव्
For further	information concerning th	is matter, please call:					
	Name of Co	ontact Person	at (	)	time Telephone Number		
D Re P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
		amount: \$130.00 Filing Fee & crtificate of Status	S155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cert of Status & Certified Copy		: 75 v)

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

IN COMPLIANCE WITH SECTION 665,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. AVT Technology Solutions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "U.C.") (If name unavailable, onter alternate name subplied for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "(LC.") 3. 81-3699574 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. Upon Qualification (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 2211 South 47th Street, Phoenix, AZ 85034 (Street Address of Principal Office) 6. Same (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: Office Address: 1200 South Pine Island Road Plantation 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. CT Corporation System (Registered agent's signature) M.E.Jones, Asst. Sec'y. 8. The name, title or capacity and address of the person(s) who hus/have authority to manage is/are: Moriarty, President, 2211 South 47th St. Phoenix, AZ 85034 McCoy, Via President, 2211 South 47th St. Phoenix, AZ 85034 9. Attached is a certificate of eximence, 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) 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.

Typed or primed name of signee

Michael R. McCoy

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AVT TECHNOLOGY SOLUTIONS 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 SEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES.

HAVE BEEN ASSESSED TO DATE.

SICRETARY OF STATE

6126421 8300 SR# 20166123233

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

Authentication: 203129604

Date: 10-07-16