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(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						

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K. SALY JAN 13 2017



January 5, 2017

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Foreign LLC Application

Simple Communications Technologies, LLC is pleased to apply to the State of Florida Division of Corporations for approval as a Foreign LLC.

Attached you will find our application, including:

- Cover Letter
- Foreign LLC application
- State of NC Certificate of Existence
- Check for \$130.00 for Filing Fee and Certificate of Status

We thank you for the opportunity to submit this application and await your approval.

Should you need any further information, please feel free to reach out to me at any of the below listed means.

Sincerely,

**Brian McKeon** 

President

Simple Communications Technologies, LLC

Office: 704-839-2468 Mobile: 704-995-9224

Email: brian@simplecomtools.com

#### **COVER LETTER**

	Registration Section Division of Corporation	es						
SUBJECT		tions Technologies, LLC						
SOBJECT	Γ:	Name of	Limited Liability Company	***************************************				
The enclos Existence,	sed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refero	pany for Authorization to Trenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida				
Please retu	arn all correspondence o	oncerning this matter to the	following:					
	Brian J. McKed	on						
		N	ame of Person					
	Simple Commu	Simple Communications Technologies, LLC						
	**************************************	Fi	rm/Company					
	113 Indian Trai	l Rd. N. #102						
			Address					
	Indian Trail NO	C, 28079						
		City/S	tate and Zip Code	, <u>, , , , , , , , , , , , , , , , , , </u>				
	brian@simplecon	mtools.com						
		E-mail address: (to be used	d for future annual report no	otification)				
For further	r information concerning	g this matter, please call:						
Brian McKeon		704 995-9224 at ( )						
_	Name o	f Contact Person		sytime Telephone Number				
R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314		Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301				
	is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  \$\Boxed{\omega}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

### 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:

1. Simple Communication (Name of Fore)	s Technologies, LLC ign Limited Liability Company; mu	ıst inclu	de "Limited Lia	hility Company ""L.L.C." or	······································
(Name of Fore	igh Ennice Elabrity Company, ma	ist meru	de Ellined Elli	omy company, E.E.C., or	
Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	se of tra	nsacting busines	s in Florida. The alternate nam	e must include "Limited
2. North Carolina		3.	81-3069493		
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicable)	
4. Upon Qualificiation		· · ·			_
	(Date first transacted busing (See sections 605,0904 & 605	ess in F 5.0905,	lorida, if prior to F.S. to determine	o registration.) e penalty liability)	
5. 137 Indian Trail Rd. N		·			•
Indian Trail, NC 28079					THE THE
	(Street Address of	Princip	al Office)		
6. 113 Indian Trail Rd. N.	#102				
Indian Trail, NC 28079					
· · · · · · · · · · · · · · · · · · ·	(Mailing	Addres	s)	<u> </u>	
7 Name and street address	s of Florida registered agent: (P	O Bo	v NOT accent	able)	PH 2: LE
7. Name and street address		.O. DO	x MOT accept	aoic)	
Name:	Joe Villa			_	
Office Address:	6329 Desert Peace Ave.			_	
	Land O' Lakes			_ , Florida <u>34639</u>	-
Registered agent's accept	(City)			(Zip code)	
Having been named as req designated in this applicat to complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent.	tment	as registered a	gent and agree to act in thi	s capacity. I further agree
	(Regis	tered ag	gent's signature)		
8. The name, title or capa Brian J. McKeon, Presider	ncity and address of the person(s	) who l	has/have author	rity to manage is/are:	
113 Indian Trail Rd. N. #1	102				
Indian Trail, NC 28079			**************************************		
	of existence, no more than 90 doof which it is organized. (If the oblimitted)				
	Signatur	e of an	authorized perso	n	-
	in accordance with section 605. the Department of State constit				

Typed or printed name of signee

Brian J. McKeon



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### SIMPLE COMMUNICATIONS TECHNOLOGIES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 22nd day of June, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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NACHE JARY OF STAIL
ANASSEE, FLORIDA





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of January, 2017.

Elaine I Marshall

Secretary of State

Certification# 99556232-1 Reference# 13465787-ACH Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification