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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

February 23, 2017

JONATHAN ESPINOZA
TECHNO PRINT LLC 4300 S SEMORAN BLVD, STE. #201
ORLANDO, FL 32822

SUBJECT: TECHNO PRINT LLC
Ref. Number: W17000016104

TALLANAGER	2017 MAR -6
	PM 3: 07

We have received your document for TECHNO PRINT 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 business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 817A00003581

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: TECHNO PRINT LLC
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:
Jonathan EspinozA Name of Person
Techno Print LLC Firm/Company
Firm/Company
4300 S. Semoran Blvd, Suite # 201
Orlando, FL 32822 City/State and Zip Code
Techno graphics of agmail. (om  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tonothan Espinozh at 908 405-4536  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

company to transact by	CTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY USINESS IN THE STATE OF FLORIDA:  NO Print LLC
(Name of For	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	
2. New J	lersey of which foreign limited liability 3. 81-3353599 (FEI number, if applicable)
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)
4	
s. <u>116 North</u>	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See Sections 605.0904 & 605.0905, F.S. to determine penalty liability)
6. <u>4300</u> S.	Semoran Blvd Suite #201, Orlando FL 3282
	(Mailing Address)
7. Name and street address	(Mailing Address)  ss of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Jonatan Espinoza
Office Address:	4300 S. Semoran Blvd
	Orlando, Florida 32822 72
Registered agent's accep	
designated in this applica to complywith the provisi	rgistered agent and to accept service of process for the above stated limited liability company at the place tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and my position as registered agent.
accept the outgutions of	my position us registered ugent.
	- Fintle 1
	(Registered agent's signature)
8. The name, title or capa	acity and address of the person(s) who has/have authority to manage is/are:
Owner	4
Jonatan	Espinoza (Owner)
	<u> </u>
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath ubmitted)
	- Sutter
	Signature of an authorized person
This document is executed submitted in a document to	in accordance with section 605.0208 (1) (b), Florida Statutes. I am aware that any false information of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Jonatan Espinoza
	Typed or printed name of signed

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### TECHNO PRINT LLC 0450092896

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 26, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JONATAN ESPINOZA 325 CLINTON AVE PLAINFIELD, NJ 07063

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of March, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6077989145

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp