# M17000000315

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800296794488

800296794488 03/20/17--01015--008 \*\*125.00

DEPARTMENT OF STATE

7 MAR 20 AM 8 45 ECRETARY OF STATE

D. SCOTT MAR 2 1 2017

## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PICK UP:	3-20-17	
	CERTIFIED COPY		
K	РНОТОСОРУ		
]	CUS		
<b>1</b>	FILING	Foreign	
$\frac{CO}{CO}$	Ptimos Internation Proportion of the Proportion	Foreign Onel LLC	
(CO	RPORATE NAME AND DOCUMENT #)		
(CO	RPORATE NAME AND DOCUMENT #)		17. SE
			<b>≒</b> ○
(CO	RPORATE NAME AND DOCUMENT #)	, , , , , , , , , , , , , , , , , , , ,	FILE MAR 20 CRETARY O CAHASSEE
	RPORATE NAME AND DOCUMENT #)  RPORATE NAME AND DOCUMENT #)		SE 2 F

### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporation	ns						
SUBJECT:	OPTIMOS INTERI	NATIONAL, LLC						
	Name of Limited Liability Company					_		
		reign Limited Liability Com ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	SHAMA STE	PP						
	Name of Person							
	REGISTERED AGENT SOLUTIONS, INC.							
	Firm/Company							
	1701 DIRECTORS BLVD., SUITE 300							
	Address							
	AUSTIN, TX 78744							
		City/S	tate and Zip Code			<del></del>		
	ORDERS@RAS	I.COM						
	***	E-mail address: (to be use	d for future annual	report not	ification)			
For further in	formation concernin	g this matter, please call:						
SHA	AMA STEPP		888 at (	705-72	74	SE =		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	消毒工		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	FILEU M 8 45			
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigsize \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, of Status & Certified C			

## 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:

OPTIMOS INTERNAT		JORIDA:		
		ny: must include "Limited Li	ability Company,""L.L.C.," or	"LLC.")
(If name unavailable, enter al	ternate name adopted for the	purpose of transacting busine	ess in Florida. The alternate nan	ne must include "Limited
Liability Company," "L.L.C,"	or "LLC.")			
2. GEORGIA		3	(FEI number, if applicable)	
(Jurisdiction under the law company is organized)	of which foreign limited liabi	llity	(FEI number, if applicable)	,
4	(Data Cart tarana da I	I Bladd Carlo		<u></u>
	(Date first transacted (See sections 605.0904	& 605.0905, F.S. to determine	o registration.) ne penalty liability)	
5				_
6290 Abbotts Bridge R	d., Suite 103, Johns Creek	, GA, 30097		
		ess of Principal Office)		-
6. 6290 Abbotts Bridge R	d., Suite 103, Johns Creek	, GA, 30097		<del></del>
	(M	ailing Address)		_
7. Name and street addres	s of Florida registered age	nt: (P.O. Box <u>NOT</u> accep	table)	
Name:	REGISTERED AGENT	SOLUTIONS, INC.	_	국유 <b>그</b>
Office Address:	155 Office Plaza Dr. Suit	te A	_	留事工
	Tallahassee		, Florida <u>32301</u>	ELEU BARRON BARNON BARRON BARNON BANON BARNON BARNON BARNON BARNON BARNON BARNON BARNON BARNON BARNO
	(C	ity)	(Zip code)	
Registered agent's accept		ust namica of care for th	he above stated limited liabi	
designated in this applical	ion, I hereby accept the a	ppointment as registered i	agent and agree to act in thi	is capacity I further agree
to complywith the provision accept the obligations of w			e performance of my duties	, and I am familiar with an
accept the obligations by w	O . O . 100 L /	7	N WRIGHT, ASST. SECRET/	ARY
`` <u>-</u> .	July 1	Registered agent's signature		-
0.77		)		
8. The name, title or capa	_			
	ager) 6290 Abbots Bri			<del></del>
Craig Rosenblum (m	nanager) 6290 Abbots B	ridge Rd. Johns Creek,	GA 300987	
				·····
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be su</li> </ol>	of which it is organized. (If	90 days old, duly authentif the certificate is in a forei	cated by the official having on language, a translation of	custody of records in the the certificate under oath
	Sig	nature of an authorized perso	on.	
This document is executed submitted in a document to	in accordance with section the Department of State co	605.0203 (1) (b), Florida onstitutes a third degree fel	Statutes. I am aware that any ony as provided for in s.817.	false information
	Craig Rosenblum			,

Typed or printed name of signee

Control Number: 09068985

## 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

## OPTIMOS'INTERNATIONAL, 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





Brian P. Kemp Secretary of State