

M17000002900

(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



200297482152

04/03/17--01027--012 \*\*130.00

FILED  
2017 APR -3 PM 1:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR -5 2017



## PURE CHANNEL IT

Friday, March 31, 2017

Florida Department of State  
Divisions of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Name of Limited Liability Company: Pure Channel IT, LLC  
D.B.A. Pro-Active Managed IT

To: Registration Section - Division of Corporations

Attached please find the following items to register our foreign limited liability company to transact business in Florida. Our Foreign Limited Liability name is Pure Channel IT, LLC. We have a d.b.a. Pro-Active Managed IT. Please let me know if there is anything additional we need to for the d.b.a. I do have the d.b.a. listed on the application.

Attached:

- Cover Letter
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Registered Agent's letter of consent
- Office of the Minnesota Secretary of State Certificate of Good Standing – location of Pure Channel IT, LLC's headquarters
- Office of the Wyoming Secretary of State Certificate of Good Standing – Home Jurisdiction
- Check in the amount of \$130.00 for filing Fee and certificate of status.

If you have any questions, please contact me at 651-379-2010 or email [lsacchetti@purechannelit.com](mailto:lsacchetti@purechannelit.com).

Thank you

Lori Sacchetti  
Accounting Manager

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pure Channel IT, 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:

Lori Sacchetti

\_\_\_\_\_  
Name of Person

Pure Channel IT, LLC

\_\_\_\_\_  
Firm/Company

3140 Neil Armstrong Blvd, Ste 100

\_\_\_\_\_  
Address

St. Paul, MN 55121

\_\_\_\_\_  
City/State and Zip Code

lsacchetti@purechannelit.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Sacchetti

651

379-2010

at ( )

\_\_\_\_\_  
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:

☒ \$125.00 Filing Fee

☐ \$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. Pure Channel IT, LC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

~~d.b.a. Pro-Active Managed IT~~

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 47-4628429  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/20/2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3140 Neil Armstrong Blvd., Ste 100  
St. Paul, MN 55121  
(Street Address of Principal Office)

6. 3140 Neil Armstrong Blvd., Ste 100  
St. Paul, MN 55121  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(City) (Zip code)

**Registered agent's acceptance:**

*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 comply with 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.*

See attached letter

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Lori Sacchetti, Accounting Manager, 3140 Neil Armstrong Blvd., Ste. 100, St. Paul, MN 55121

Jake Anderson, COO, 3140 Neil Armstrong Blvd., Ste. 100, St. Paul, MN 55121

Keith Fotta, CEO, 3140 Neil Armstrong Blvd., Ste. 100, St. Paul, MN 55121

9. Attached is a certificate of existence, 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)

Lori Sacchetti  
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.

Lori Sacchetti

Typed or printed name of signee

FILED  
2017 APR -3 PM 1:07  
CLERK OF THE CIRCUIT COURT  
JACKSONVILLE, FLORIDA



3773 Howard Hughes Parkway  
Suite 500S  
Las Vegas, NV 89169

Phone 702.866.2500  
Toll-Free 800.2.INCORP (1-800-246-2677)  
Fax 702.866.2689

[www.incorp.com](http://www.incorp.com)

March 27, 2017

**Corporations Division**  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2017 APR -3 PM 1:07  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67<sup>th</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **Pure Channel IT, LLC** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 ext 6756 Monday-Friday from 8:00 a.m. to 5:00 p.m. *PST*.

Sincerely,

InCorp Services, Inc.

A handwritten signature in black ink, appearing to read 'L. Nealey'.

Leora Nealey, Processor on behalf of InCorp Services, Inc.  
[leora.nealey@incorp.com](mailto:leora.nealey@incorp.com)

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

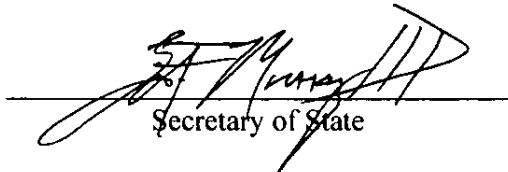
**Pure Channel IT, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 26, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000691449**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 31st day of March, 2017 at 10:02 AM. This certificate is assigned 022659427.



  
Secretary of State

FILED  
2017 APR -3 PM 1:07  
CLERK OF STATE  
CATHASSIE FLORIN