170000004150

Y
(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ساب ا
peralle 123
Perally Perally 1217-40563

Office Use Only



200299049252

05/16/17--01026--027 **777.50

05/10/17--01035--011 **130.00

17 HAY 15 FH 3:41

O SIMMONS MAY 1 6 2017

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: SEP Technology Consulting, 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:
Keyur Majmudar
Name of Person
SEP Technology Consulting, LLC
Firm/Company
85 Broad St.; 17th Floor
Address
New York, NY 10004
City/State and Zip Code
accounting@septechconsulting.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keyur Majmudarat (212) 6349221 ext 700
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ \sum{130.00 Filing Fee & Certificate of Status}\$\$ \$\sum{155.00 Filing Fee & Certified Copy}\$\$ \$155.00 Filing Fee & Certi

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:

	ign Limited Liability Com	ıpany; must inclu	de "Limited Liab	ility Company," "L.L.C.," or '	'LLC.")
(If name unavailable, enter alta Liability Company," "L.L.C,"		the purpose of tra	nsacting business	in Florida. The alternate nam	e must include "Limited
2. New York, NY (Jurisdiction under the law of company is organized)	of which foreign limited li	3. iability	26-3086311	(FEI number, if applicable)	
4. April 2015	(Date first transac (See sections 605.09	ted business in F	lorida, if prior to	registration.)	
5. 85 Broad St.; 17th Floo		, o - a - o - o - o - o - o - o - o - o -			
New York, NY 1000		ddress of Principa	al Office)		
6. 85 Broad St.; 17th Flo	,		,		55 PH 1
New York, NY 10004		(Mailing Addres	s)		5 PH 3: 11
7. Name and street address	s of Florida registered a	agent: (P.O. Bo	x <u>NOT</u> accepta	ble)	
Name:	Registered Agents	Inc.			
Office Address:	3030 N. Rocky Po	oint Dr. STE 1	150A		
	Tampa			, Florida 33607	_
		(City)		(Zip code)	
Registered agent's accept Having been named as reg designated in this applicant to complywith the provisio accept the obligations of m	gistered agent and to a ion, I hereby accept th ins of all statutes relati	e appointment ive to the proper dagent.	as registered ag	ent and agree to act in thi	
Having been named as reg designated in this application to complywith the provision accept the obligations of managements. 8. The name, title or capacity.	gistered agent and to a ion, I hereby accept the ons of all statutes relating position as registere	e appointment ive to the proper ad agent. (Registered agent)	as registered agr and complete quadrature) gent's signature) has/have authori	ent and agree to act in thi performance of my duties, ty to manage is/are:	s capacity. I further agree , and I am familiar with and
Having been named as reg designated in this applicate to complywith the provisio accept the obligations of m	gistered agent and to a ion, I hereby accept the ons of all statutes relating position as registere	e appointment ive to the proper ad agent. (Registered agent)	as registered agr and complete quadrature) gent's signature) has/have authori	ent and agree to act in thi performance of my duties, ty to manage is/are:	s capacity. I further agree , and I am familiar with and

Typed or printed name of signee

Keyur Majmudar

State of New York Department of State } ss:

I hereby certify, that SEP TECHNOLOGY CONSULTING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/28/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of May two thousand and seventeen.

Brendan W. Fitzgerald

Frecutione Deputy Secretary of State