M17000004595

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunisman Fakh Alama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
R.N. 3190 WM-38082





200298220102

05/01/17--01008--030 **125.00

17 MAY 26 AM II: 19
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

S. WARREN MAY 3 1 2017



May 3, 2017

TRAVIS WILHOITE 202 CHURCH STREET SE, #536 LEESBURG, VA 20175

SUBJECT: LYNKER TECHNOLOGIES LLC

Ref. Number: W17000038082

We have received your document for LYNKER TECHNOLOGIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 417A00008679

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section
	Division of Corporations

Lynker Technologies, 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:

Travis Wilhoite	
Name of Person	
Lynker Technologies LLC	
Firm/Company	
202 Church St. SE #536	
Address	
Leesburg, VA 20175	
City/State and Zip Code	
wilhoite@lynkertech.com	

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

For further information concerning this matter, please call:

Travis Wilhoite

_{at} (5/1

2462325

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

☐ S155.00 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:

	n Limited Lia	C bility Company; must include	"Limited Liabilit	y Company," "L.L.C.,"	or "LLC.")		
If name unavailable, enter alternate	name adopted t	for the purpose of transacting busine	ess in Florida. The a	lternate name must include	"Limited Liab	ility Company," "L.L.C," or "LLC.")	
State of Virginia				74-3233110			
(Jurisdiction under the law of w	which foreign li	mited liability company is organized	1)		(FE) number	er, if applicable)	
4. April 24, 2017							
	(Date fi (See see	rst transacted business in Florida, if ctions 605.0904 & 605.0905, F.S. to	prior to registration determine penalty	n.) liability)			
5. 505 Church St, S			6.	505 Church S			
(Street Address of Principal Office) Leesburg, VA 20175				(Mailing Address) Leesburg, VA 20175			
				Leesburg, VA	20173		
7. Name and street addre	ess of Flori	da rogistered agent: (P.C). Box <u>NOT</u> :	acceptable)	,	TAKE 5	
Name:		h Linza		•		三三	
Office Address:	805 Terrace Pines Ct					Y 26 I	
	Orland	do		, Florida <u>3</u>	2836	ma & o	
		reby accept the appoint <mark>n</mark>	ient as regist	ered agent and agr	ee to act i	n this capacity. I further ag	
o comply with the provis	tions of all	reby accept the appointn statutes relative to the p sition as registered ago	nent as regist proper and co nt.	ered agent and agr	ee to act i	liability apprany the place n this capacity. I further ago uties, and I am familiar with	
o comply with the provis and accept the obligation	sions of all as of my po	reby accept the appointn statutes relative to the p sition as registered ago	nent as regist proper and co nt. agent Synature)	ered agent and agr mplete performand	ree to act i	n this capacity. I further ag	
o comply with the provis and accept the obligation	sions of all as of my po	reby accept the appointn statutes relative to the p sition as registered ago	nent as regists proper and co nt. agent Agnature) who has/have	ered agent and agr mplete performand	ree to act i	n this capacity. I further agi	
o comply with the provision accept the obligation 8. The name, title or capa	sions of all as of my po	reby accept the appointing statutes relative to the position as registered agoration as registered address of the person(s) volume and Address:	nent as regists proper and co nt. agent Agnature) who has/have	ered agent and agr mplete performand authority to manage	ree to act i	n this cafacity. I further ag uties, and I am familiar with	
o comply with the provision accept the obligation 8. The name, title or cap: Title or Capacity:	sions of all	reby accept the appointing statutes relative to the position as registered against the person (s) where and Address: Joseph Linza 47090 Southampton Ct	nent as regists proper and co nt. agent Agnature) who has/have	ered agent and agr mplete performand authority to manage	ree to act i	n this cafacity. I further ag uties, and I am familiar with	
o comply with the provision accept the obligation 8. The name, title or cap: Title or Capacity:	sions of all	reby accept the appointing statutes relative to the position as registered against the statutes of the person(s) where and Address: Joseph Linza	nent as regists proper and co nt. agent Agnature) who has/have	ered agent and agr mplete performand authority to manage	ree to act i	n this cafacity. I further agi uties, and I am familiar with	
o comply with the provision accept the obligation 8. The name, title or cap: Title or Capacity:	sions of all	reby accept the appointing statutes relative to the position as registered against the person (s) where and Address: Joseph Linza 47090 Southampton Ct	nent as regists proper and co nt. agent Agnature) who has/have	ered agent and agr mplete performand authority to manage	ree to act i	n this cafacity. I further agi uties, and I am familiar with	
to comply with the provision accept the obligation 8. The name, title or cap: Title or Capacity:	sions of all	reby accept the appointing statutes relative to the position as registered against the person (s) where and Address: Joseph Linza 47090 Southampton Ct	agent Agnature) who has/have	ered agent and agr mplete performand authority to manage	ree to act i	n this cafacity. I further ago uties, and I am familiar with	
o comply with the provision accept the obligation 8. The name, title or cap: Title or Capacity:	sions of all	reby accept the appointing statutes relative to the position as registered agoration as registered agoration as registered address of the person(s) was and Address: Joseph Linza 47090 Southampton Ct Sterling VA 20165	agent Agnature) who has/have	ered agent and agr mplete performand authority to manage	ree to act i	n this cafacity. I further ag uties, and I am familiar with	
o comply with the provision accept the obligation 8. The name, title or capatite or Capacity: President	sions of all	reby accept the appointing statutes relative to the position as registered agoration as registered agoration as registered address of the person(s) was and Address: Joseph Linza 47090 Southampton Ct Sterling VA 20165	agent Agnature) who has/have	ered agent and agr mplete performand authority to manage	ree to act i	n this cafacity. I further agi uties, and I am familiar with	
8. The name, title or cap: Title or Capacity: President (Use attachments if neces attachment	sions of all as of my portage acity and a seary) e of existent of which i	reby accept the appointm statutes relative to the p esition as registered ago ddress of the person(s) v Name and Address: Joseph Linza 47090 Southampton Ct Sterling VA 20165	agent as register oper and cont. agent Agnature) who has/have Ti	authority to manage tle or Capacity:	ee to act if ce of my d	n this cafacity. I further ago uties, and I am familiar with	
8. The name, title or cap: Title or Capacity: President (Use attachments if neces attachment	sions of all as of my portage acity and a sacity and a sa	reby accept the appointing statutes relative to the position as registered agonomic distribution as re	agent as register oper and cont. agent Ignature) who has/have Ti	authority to manage tle or Capacity: henticated by the of foreign language, a	ee to act in ce of my de ce of my de ce is/are:	n this capacity. I further ago uties, and I am familiar with with a surface with	
8. The name, title or caparities or Capacity: President (Use attachments if neces) Attached is a certificate	sions of all as of my portage acity and a sacity and a sa	reby accept the appointm statutes relative to the p esition as registered ago ddress of the person(s) v Name and Address: Joseph Linza 47090 Southampton Ct Sterling VA 20165	agent as register oper and cont. agent Ignature) who has/have Ti	authority to manage tle or Capacity: henticated by the of foreign language, a	ee to act in ce of my de ce of my de ce is/are:	n this capacity. I further ago uties, and I am familiar with with a surface with	

Joseph Linza
Typed or printed name of signee

Commontrealth of Hüginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Lynker Technologies LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 21, 2007; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: April 21, 2017

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1704215847