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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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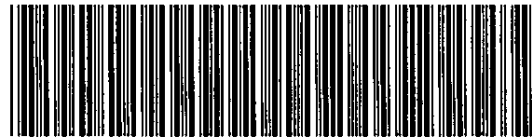
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

JUN 07 2017  
Y SULKER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sabre Tooth 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:

Les Kolls

Name of Person

Sabre Tooth Technologies LLC

Firm/Company

4214 Beechwood Dr Ste 102

Address

Greensboro NC 27410

City/State and Zip Code

leskolls@sabretoothtechnologies.com

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

For further information concerning this matter, please call:

Les Kolls

Name of Contact Person

at ( 336 )

Area Code

544 1258

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. Sabre Tooth Technologies LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. North Carolina 3. 20-1852718  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration;  
See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4214 Beechwood Dr Ste 102 6. 4214 Beechwood Dr Ste 102  
(Street Address of Principal Office) (Mailing Address)  
Greensboro NC 27410 Greensboro NC 27410

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

Name: ANDREA REGISTER-SANZ  
Office Address: 7423 NW 184th AVE  
PARKLAND, FL Florida 33076  
(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.

Andrea Register-Sanz  
(Registered agent's signature)

17 JUN 17 AM 12:43  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>CEO</u>	<u>Les Kolls</u> <u>4214 Beechwood Dr Ste 102</u> <u>Greensboro NC 27410</u>	<u>President</u>	<u>Jane Sumers</u> <u>4214 Beechwood Dr Ste 102</u> <u>Greensboro NC 27410</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

Les Kolls  
(Signature of an authorized person)

10. 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.

Typed or printed name of signee



# NORTH CAROLINA

## Department of the Secretary of State

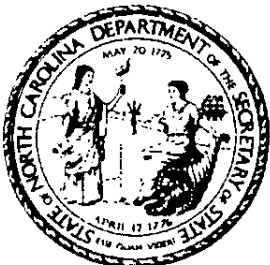
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **SABRETOOTH TECHNOLOGIES, LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 17th day of September, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of May, 2017.

*Elaine F. Marshall*

Secretary of State