M17000006364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Secret Instructions to Eight Officer: SECRETARY CESTALE SECRETARY CORRESPONDED TO SECRETARY SECRETARY CORRESPONDED TO SEC





400300779664

07/05/17--01003--017 ++160.00

FILED

17 JUL 24 PH 6: 05

S. WARREN
JUL 27 2017



July 6, 2017

STUART O. WITT 604 SYLVIA AVE RIDGECREST, CA 93555

SUBJECT: S.O. WITT AND ASSOCIATES, LLC

Ref. Number: W17000055972

We have received your document for S.O. WITT AND ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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: 617A00013695

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section

Division of Corporations

S.O Witt and Associates, LLC. SUBJECT:	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	ate of orida.
Please return all correspondence concerning this matter to the following:	
Stuart O. Witt	
Name of Person	
S.O Witt and Associates, LLC	
Firm/Company	
604 Sylvia Ave.	
Address	
Ridgecrest, California 93555	
City/State and Zip Code	
stuart@wittandassoc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stuart Witt 760 382 5757at ()	
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: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate 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

get and a

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate is	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited I	Liability Company," "L.L.C." or "LLC.")
California Secretary of	State	3 201536410329	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nu	unber, if applicable)
1 1 May 2016			
·	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	or to registration) termine penalty liability)	
5 604 Sylvia Ave.		6. 604 Sylvia Ave.	
(Street Address of	Principal Office)	(Mailing A	ddress)
Ridgecrest, California	93555	Ridgecrest, California 93	555
			7.
			= = =
7. Name and street addres	ss of Florida registered agent: (P.O. E	Box NOT acceptable)	24 24
Name:	Cedric Knight, C/O New Direction	s Technologies In	1 Pag 10
Office Address:	Kennedy Space Center build M7-35	55, Rm L308A	10 6:1
	Kennedy Space Center	, Florida 32899	台票 8
	(City)	, Fioriua	
Having been named as re designated in this applica to comply with the provis	stance: egistered agent and to accept service stion, I hereby accept the appointmen ions of all statutes relative to the pro	nt as registered agent and agree to a	ct in this capacity. I further agree
Having been named as redesignated in this applicates to comply with the provisand accept the obligation	otance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered see	nt as registered agent and agree to a per and complete performance of m	ct in this capacity. I further agree y duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation	stance: egistered agent and to accept service stion, I hereby accept the appointmen ions of all statutes relative to the pro	nt as registered agent and agree to a per and complete performance of m	ct in this capacity. I further agree y duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap	otance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered agent acity and address of the person(s) who	nt as registered agent and agree to a per and complete performance of ment's signature. The base has have authority to manage is/are	ct in this capacity. I further agree by duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	otance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	nt as registered agent and agree to a per and complete performance of ment's signature. The base has have authority to manage is/are	ct in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	otance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	nt as registered agent and agree to a per and complete performance of ment's signature. The base has have authority to manage is/are	ct in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	otance: egistered agent and to accept service ation. I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered see acity and address of the person(s) who Name and Address: Stuart Witt	nt as registered agent and agree to a per and complete performance of ment's signature. The base has have authority to manage is/are	ct in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Owner	otance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	nt as registered agent and agree to a per and complete performance of ment's signature) o has/have authority to manage is/are Title or Capacity:	ct in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Owner	otance: egistered agent and to accept service ution. I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered decented and address of the person(s) who Name and Address: Stuart Witt 604 Sylvia Ave	nt as registered agent and agree to a per and complete performance of ment's signature) o has/have authority to manage is/are Title or Capacity:	ct in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Owner sole proprieter	otance: egistered agent and to accept service ation. I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered see acity and address of the person(s) who Name and Address: Stuart Witt 604 Sylvia Ave Ridgecrest, California 935	nt as registered agent and agree to a per and complete performance of ment's signature) o has/have authority to manage is/are Title or Capacity:	ct in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Owner Sole proprieter (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s	otance: egistered agent and to accept service ution. I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent. (Registered per acity and address of the person(s) who Name and Address: Stuart Witt 604 Sylvia Ave Ridgecrest, California 935 essary) e of existence, no more than 90 days of of which it is organized. (If the certifications)	o has/have authority to manage is/are Title or Capacity: Sign of the state of the	ct in this capacity. I further agree by duties, and I am familiar with

Typed or printed name of signee

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: S.O WITT AND ASSOCIATES, LLC

FILE NUMBER:

201536410329

FORMATION DATE: TYPE:

12/21/2015 DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 3, 2017.

> ALEX PADILLA Secretary of State