1/170000007575

(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: Correction to MGR PER CONVENDATION WITH JOSEPH DELA SALA 9/5/2017 KS

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2017 AUG 31 AM II: 57

K. SALY SEP - 5 2017

COVER LETTER

TO: Registration Section

Di	vision of Corporati	ons		
SUBJECT:	Engenisys LLC			
		Name of	Limited Liability Company	
The enclose Existence, a	ed "Application by Found check are submit	oreign Limited Liability Com ted to register the above refer	pany for Authorization to Tenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florid
Please retur	n all correspondence	concerning this matter to the	e following:	
	Joseph Della	Sata		
		N	lame of Person	
	Engenisys LL	С		
		F	irm/Company	
	1113 Burlwoo	od Court		
			Address	
	Longwood, Fl	orida 32750		
		City/S	state and Zip Code	
	joe@engenisys.	com		
		E-mail address: (to be use	d for future annual report no	otification)
or further i	nformation concerni	ng this matter, please call:		
Jos	seph Della Sala		908 347-3	162
	Name	of Contact Person		ytime Telephone Number
Div Reg P.C	AILING ADDRESS vision of Corporation gistration Section D. Box 6327 lahassec, FL 32314		Division Registra Clifton E 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$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 COMPHANCE 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:

name unavailable, enter ulternate n	ame adopted for the purpose of transacting business is	n Florida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LI,C.")	
New Jersey		3 46-0756138		
(Jurisdiction under the law of w	ach foreign limited liability company is organized)		(FEI number, it applicable)	
	(Date first transacted business in Florida, if pro (See sections 605.0904 & 605.0905, F.S. to de	or to registration,) termine penalty hability)		
33rd Street Industrial (6 33rd Street Industrial Cer	nter #1	
(Street Address of Principal Office)		(Mailing Ac	(Muling Address)	
Orlando, Florida 32811		3827 St. Valentine Way		
		Orlando, Florida 32811		
Name and street address	s of Florida registered agent: (P.O. I Joseph Della Sala	Box NOT acceptable)	MC31 AKII: 57	
Office Address:	1113 Burlwood Court			
	ongwood Florida 32750			
	Longwood	. Florida ^{32/30}		
aving been named as re signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointmen	Florida 32750 (Zip or of process for the above stated limite at as registered agent and agree to accept and complete performance of my	ode) In diability company at the place of in this capacity. I further ag	
esignated in this applical comply with the provisional accept the obligations. The name, title or capa	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- tion of my position as registered agent. (Registered agent accept and address of the person(s) who	of process for the above stated limite nt as registered agent and agree to ac per and complete performance of my ent's signature) o has/have authority to manage is/are:	ode) In diability company at the place It in this capacity. I further ago It duties, and I am familiar with	
aving been named as resignated in this applica comply with the provisind accept the obligations The name, title or capa Title or Capacity:	tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro- s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	of process for the above stated limite nt as registered agent and agree to ac per and complete performance of my ent's signature)	ode) In diability company at the place of in this capacity. I further ag	
aving been named as resignated in this applica comply with the provisind accept the obligations. The name, title or capa	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- stof my position as registered agent. (Registered age acity and address of the person(s) who Name and Address: 1113 Burlwood Court	of process for the above stated limite nt as registered agent and agree to ac per and complete performance of my ent's signature) o has/have authority to manage is/are:	ode) In diability company at the place It in this capacity. I further ago It duties, and I am familiar wit	
aving been named as resignated in this applica comply with the provisind accept the obligations The name, title or capa Title or Capacity:	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- tion of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 1113 Burlwood Court Longwood Fla 32750	of process for the above stated limite nt as registered agent and agree to ac per and complete performance of my ent's signature) o has/have authority to manage is/are: Title or Capacity:	ode) In diability company at the place It in this capacity. I further ago It duties, and I am familiar wit	
aving been named as resignated in this applical comply with the provising accept the obligations. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- stof my position as registered agent. (Registered age acity and address of the person(s) who Name and Address: 1113 Burlwood Court	of process for the above stated limite nt as registered agent and agree to ac per and complete performance of my ent's signature) o has/have authority to manage is/are: Title or Capacity:	ode) In diability company at the place It in this capacity. I further ago It duties, and I am familiar wit	
aving been named as resignated in this applica comply with the provisind accept the obligations The name, title or capa Title or Capacity:	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- tion of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 1113 Burlwood Court Longwood Fla 32750	of process for the above stated limite nt as registered agent and agree to ac per and complete performance of my ent's signature) o has/have authority to manage is/are: Title or Capacity:	ode) In diability company at the place It in this capacity. I further ago It duties, and I am familiar wit	
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aving been named as resignated in this applica comply with the provisind accept the obligations. The name, title or capa Title or Capacity: General Manager	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- tion of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 1113 Burlwood Court Longwood Fla 32750 JOSE Ph. DELLA SALE sary) of existence, no more than 90 days of which it is organized. (If the certification)	of process for the above stated limite nt as registered agent and agree to ac per and complete performance of my ent's signature) o has/have authority to manage is/are: Title or Capacity:	Name and Address:	

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

ENGENISYS LLC

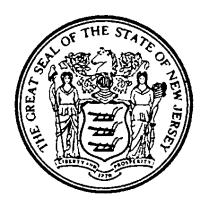
0400510166

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 06, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNITED STATES CORPORATION AGENTS, INC. 330 CHANGEBRIDGE RD STE 101 PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of July, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6081235685

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp