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| (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: | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporation | pus | | * | غد | | |
|---------|--|--|--|--|-------------------------------------|--|--|
| SUBJ | Bango Systems LL | | | | | | |
| 3030 | | | Limited Liability Com | pany | | | |
| The en | nclosed "Application by Fonce, and check are submitt | oreign Limited Liability Comed to register the above refer | pany for Authorization renced foreign limited | n to Transact Business in Florida," liability company to transact busir | ' Certificate of tess in Florida | | |
| Please | return all correspondence | concerning this matter to the | e following: | | | | |
| | Sandra Hosho | г | | | | | |
| | | 1 | lame of Person | | | | |
| | S H Hoshor C | PA LLC | | | | | |
| | Firm/Company | | | | | | |
| | 1035 S State F | 1035 S State Rd 7, Suite 313 | | | | | |
| | Address | | | | | | |
| | Wellington, FL 33414 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | shoshor@comca | ast.net | | | | | |
| F 6 | | E-mail address: (to be use | d for future annual rep | ort notification) | | | |
| ror iur | ther information concernit | ng this matter, please call: | | | | | |
| | Sandra Hoshor | - | 561 4 at () | 34-1655 | | | |
| | Name | of Contact Person | Area Code | Daytime Telephone Number | | | |
| | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Dir Re Cli 260 | REET ADDRESS: vision of Corporations gistration Section fton Building 51 Executive Center Circle ilahassee, FL 32301 | | | |
| Enclos | ed is a check for the follow ☐ \$125.00 Filing Fee | ving amount: \$\Boxed{\Boxesia} \$130.00 \text{ Filing Fee & Certificate of Status} | ☐ \$155.00 Filing Fo | ee & 3 \$160.00 Filing Fee, Ce of Status & Certified Cop | | | |

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:

| Bango Systems LLC | | | | | |
|---|--|---|-----------------------------------|--|--|
| (Mante of Foreign | Limited Liability Company; must include "Limite | d Liability Company," "L.L.C.," or "LLC. | ") | | |
| (If name unavailable, enter alternate | name adopted for the purpose of transacting business in Flo | rida. The eligenate game must include at include | 1 | | |
| 2. remisyrvama | | 3 81-4543058 | | | |
| (Junsdiction under the law of w | (Junsdiction 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 See sections 605,0904 & 605,0905, F.S. to determi | registration.) | | | |
| 5. 2234 N Federal Hwy | \$1067 | | | | |
| 5. 2234 N Federal Hwy (Street Address of | | 6. 2234 N Federal Hwy #1067 (Mailing Address) Boca Raton, FL 33431 | | | |
| Boca Raton, FL 3343 | <u> </u> | | | | |
| | | | | | |
| 7 Name and server all | 501.44 | | | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT_acceptable) | | | |
| Name: | S H Hoshor CPA LLC | | | | |
| Office Address: | 1035 S State Rd 7, Suite 313 | | | | |
| | Wallington | | | | |
| | Wellington (City) | , Florida 33414 (Zip cox | <u> </u> | | |
| to comply with the provisi | gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. | registered agent and agree to act and complete performance of my | | | |
| | (Registered agent's si | gnature) | | | |
| 8. The name, title or capa <u>Title or Capacity:</u> | city and address of the person(s) who has Name and Address: | have authority to manage is/are: <u>Title or Capacity:</u> | Name and Address: | | |
| Manager | Matt LaMarr | | | | |
| | 2234 N Federal Hwy, #1067 Boca Raton, FL 33431 | | | | |
| Manager | Philip Iannuzzi III | | | | |
| | 2234 N Federal Hwy, #1067 Boca Raton, FL 33431 | | | | |
| (Use attachments if necess | ary) | | | | |
| of the translator must be su 0. This document is execu | the Department of State constitutes a thir | (1) (b), Florida Statutes. I am awar degree felony as provided for in s | ion of the certificate under oath | | |
| | Signature of | an authorized person | | | |
| | Matt LaMarr | | | | |

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/28/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BANGO SYSTEMS LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COLUMN TO TH

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170828130830-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify