## 149000000003

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nam	e)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	

Office Use Only



600307592726

01/17/18--01016--016 \*\*125.00

RECEIVED
JAN 1 6 2018





January 12, 2018

## Via FedEx

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: (Matter: 900.00) Qualification of Foreign LLC - Meltpool Technologies, LLC

Dear Sir/Madam:

Enclosed please find an Application By Foreign Limited Liability Company for Authorization to Transact Business along with copy of the filed Certificate of Formation, and Good Standing Certification from the State of Delaware as instructed by your office.

In addition, I have enclosed our firm's check in the amount of \$125.00, representing the filing fee for said application.

Once the application has been processed, please return a copy to our office in the self-addressed self-stamped envelope provided for your convenience.

Should you have any questions or need any additional-information, please feel free to contact me.

Best regards,

Vanina Lopez

Paralegal

Enc.

## COVER LETTER

TO:

Registration Section

Div	vision of Corporation	ns					
SUBJECT:	MELTPOOL TECH	INOLOGIES, LLC					
		Name of	Limited Liability (	Company			
The enclosed Existence, a	d "Application by Fo	reign Limited Liability Comp ed to register the above refere	eany for Authoriza enced foreign limi	ation to Tra ted liability	nsact Business in Florida," company to transact busine	Certificate ess in Flori	of da.
Please return	n all correspondence	concerning this matter to the	following:				
	BRIAN NEFF						
	-	.Na	ame of Person				
		Fi	rm/Company	<del></del>			
	6545 NOVA D	RIVE, SUITE 207	. ,				
			Address				
	DAVIE, FL 33	317					
	<del>-</del>	City/S	tate and Zip Code				
	bneff@ctsengine	es.com					
	· ·	E-mail address: (to be used	for future annua	report not	ification)		
For further i	nformation concernir	ig this matter, please call:					
Va	nina Lopez		305 at (	740-196 )	55		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	25	
Div Reg P.C	AILING ADDRESS: vision of Corporation gistration Section D. Box 6327 Ilahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	2010 381 15 1	FILED
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		☐ \$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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MELTPOOL TECHNO	Limited Liability Company; must inclu	de Climited Fishillia C	<del>и д н и т д и</del>	
- (1 / 2010 ) (1 / 2010 )	i islanted islantity Company, muse mem	de Emined Elabinty Company,	L.L.C., OF LLC.	1
ame unavailable, erger alternate r	name adopted for the purpose of transacting but	siness in Florida. The alternate risme me	ast include "Limited Lie	bility Company," "L.1C." or "LLC.")
DELAWARE		_		,,, <del></del> ,
	hich foreign limited liability company is organi		(FEI cum	ber, if applicable)
UPON QUALIFICAT	TION			
	(Date first transacted business in Florid (See sections 605 0904 & 605.0905, F.	s, if prior to registration.)		
6545 NOVA DRIVE	(200 approxima and name % 2002/03/02) E.			
(Street Address of	Principal Office)	6. <u>6545 NOV</u>	A DRIVE	(244)
SUITE 207	,,	SUITE 207		1001
DAVIE, FL 33317		DAVIE, FI	L 33317	· <del></del>
Name and <u>street addres</u> Name:	ss of Florida registered agent: (F			
Office Address:	6545 NOVA DRIVE, STE 207	7		
	DAVIE	. Fla	orida_33317	
gistered agent's accep	(City)		(Zip cod	e)
comply with the provisi	ition, I hereby accept the appoint ions of all statutes relative to this s of my position as registered as	ntment as registered agent of e proper and complete perf gent	and agree to act ormance of my	in this capacity. I further duties, and I am familiar v
comply with the provisi	ions of all statutes relative to the s of my position as resistered as	e proper and complete perf gen	and agree to act ormance of my	in this capacity. I further duties, and I am familiar w
comply with the provisi d accept the obligation.	ions of all statutes relative to the s of my position as Texistered us	e proper and complete perfi gent med agent's signature)	ormance of my	in this capacity. I further duties, and I am familiar v
comply with the provisi I accept the obligation.  The name, title or capa	ions of all statutes relative to the s of my position as relative red us (Regime acity and address of the person(s	e proper and complete perfected agent's signature)  ) who has/have authority to	ormance of my manage is/arc:	duties, and I am familiar w
Title or Capacity:	(Regine acity and address of the person(s	e proper and complete performed spent's signature)  ) who has/have authority to	ormance of my manage is/arc:	in this capacity. I further duties, and I am familiar w
tomply with the provision descept the obligation.  The name, title or capa	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF	e proper and complete perfective and semilar and complete perfective and semilar and semil	ormance of my manage is/arc:	duties, and I am familiar w
Title or Capacity:	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20	e proper and complete perfective and semilar and complete perfective and semilar and semil	ormance of my manage is/arc:	duties, and I am familiar w
omply with the provisi l accept the obligation.  The name, title or capa	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF	e proper and complete perfective and semilar and complete perfective and semilar and semil	ormance of my manage is/arc:	duties, and I am familiar w
Title or Capacity:	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20	e proper and complete perfective and semilar and complete perfective and semilar and semil	ormance of my manage is/arc:	duties, and I am familiar w
Title or Capacity:	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20	e proper and complete perfective and semilar and complete perfective and semilar and semil	ormance of my manage is/arc:	duties, and I am familiar w
omply with the provisi l accept the obligation.  The name, title or capa	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20	e proper and complete perfective and semilar and complete perfective and semilar and semil	ormance of my manage is/arc:	Name and Address:
The name, title or capa Title or Capacity:	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20  Davie, FL 33317	e proper and complete perfective and semilar and complete perfective and semilar and semil	ormance of my manage is/arc:	Name and Address:
The name, title or capa Title or Capacity: MANAGER	(Regime acity and address of the person(s  Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20  Davie, FL 33317	e proper and complete perfective.  The description of the complete perfective and complete perfective and complete perfective.  The complete perfective and complete perfectiv	manage is/arc:	Name and Address:
The name, title or capa Title or Capacity: MANAGER  se attachments if neces	Regime acity and address of the person(s  Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20  Davie, FL 33317  sary)  of existence, no more than 90 days.	e proper and complete perfective.  The designature of the control	manage is/arc:	Name and Address:
The name, title or capa Title or Capacity: MANAGER  Attached is a certificate is diction under the law	Register and address of the person (so Name and Address:  BRIAN NEFF  6545 Nova Dr. Ste 20  Davie, FL 33317  sary)  of existence, no more than 90 do of which it is organized. (If the content is sorganized. (If the content is sorganized.)	e proper and complete perfective.  The designature of the control	manage is/arc:	Name and Address:
The name, title or capa Title or Capacity: MANAGER  Attached is a certificate isdiction under the law the translator must be so	Registered as a statutes relative to the sof my position as registered as a statute and address of the person(s Name and Address:  BRIAN NEFF 6545 Nova Dr. Ste 20 Davie, FL 33317  Sary)  of existence, no more than 90 do of which it is organized. (If the cubmitted)	ays old, duly authenticated beertificate is in a foreign lange	manage is/arc: ncity:  by the official haguage, a translat	Name and Address:  Name and Address:  Ving custody of records in the certificate under t
The name, title or capa Title or Capacity: MANAGER  Attached is a certificate isdiction under the law the translator must be significant or capacity: This document is exec	Registered of the person(s Name and Address: BRIAN NEFF 6545 Nova Dr. Ste 20 Davie, FL 33317  sary)  of existence, no more than 90 de of which it is organized. (If the cubmitted)  uted in accordance with section 6	ays old, duly authenticated beertificate is in a foreign lange	manage is/arc: ncity:  by the official haguage, a translat	Name and Address:  Name and Address:  Iving custody of records in the certificate under
The name, title or capa Title or Capacity:  MANAGER  Attached is a certificate is diction under the law the translator must be so  This document is exec	Registered as a statutes relative to the sof my position as registered as a statute and address of the person(s Name and Address:  BRIAN NEFF 6545 Nova Dr. Ste 20 Davie, FL 33317  Sary)  of existence, no more than 90 do of which it is organized. (If the cubmitted)	ays old, duly authenticated beertificate is in a foreign lange	manage is/arc: ncity:  by the official haguage, a translat	Name and Address:  Name and Address:  Iving custody of records in the certificate under
The name, title or capa Title or Capacity:  MANAGER  Attached is a certificate is diction under the law the translator must be so  This document is exec	Registered of the person(s Name and Address: BRIAN NEFF 6545 Nova Dr. Ste 20 Davie, FL 33317  sary)  of existence, no more than 90 de of which it is organized. (If the cubmitted)  uted in accordance with section 6	ays old, duly authenticated beetificate is in a foreign language of the control o	manage is/arc: ncity:  by the official haguage, a translat	Name and Address:  Name and Address:  Iving custody of records in the certificate under
The name, title or capa Title or Capacity: MANAGER  Attached is a certificate isdiction under the law the translator must be significant or capacity: This document is exec	Registered of the person(s Name and Address: BRIAN NEFF 6545 Nova Dr. Ste 20 Davie, FL 33317  sary)  of existence, no more than 90 de of which it is organized. (If the cubmitted)  uted in accordance with section 6	ays old, duly authenticated beertificate is in a foreign lange	manage is/arc: ncity:  by the official haguage, a translat	Name and Address:  Name and Address:  Iving custody of records in the certificate under
The name, title or capa Title or Capacity:  MANAGER  Attached is a certificate is diction under the law the translator must be so  This document is exec	Registered of the person(s Name and Address: BRIAN NEFF 6545 Nova Dr. Ste 20 Davie, FL 33317  sary)  of existence, no more than 90 de of which it is organized. (If the cubmitted)  uted in accordance with section 6	ays old, duly authenticated beetificate is in a foreign language of the control o	manage is/arc: ncity:  by the official haguage, a translat	Name and Address:  Name and Address:  Iving custody of records in the certificate under



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MELTPOOL TECHNOLOGIES, LLC" IS DULY

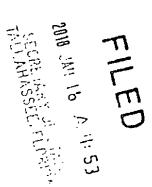
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELTPOOL TECHNOLOGIES, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 203697047

Date: 12-06-17

6641866 8300 SR# 20177413419