

(Po	questor's Name)					
(I/C	questor s marrie)					
(Ad	dress)					
(Ad	(Address)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Ru	siness Entity Nar	me)				
(50	amoss Entry Har					
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



300307597393

01/17/16--01046--018 **160.00

18 JAN 17 PH 5: II

S. WARREN JAN 18 2018

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns					
SUBJECT:	E*Pro Technologie						
		Name of Limited Liability Company					
					ansact Business in Florida," y company to transact busine		
Please return	all correspondence of	concerning this matter to the	following:				
	Christa Di Ben	edetto					
	 	N	ame of Person				
	E*Pro Technol	ogies LLC					
	Firm/Company						
	555 US Highw	ay 1 S., Suite 330					
			Address		<u> </u>		
	Iselin, NJ 088,	30					
	-	City/S	tate and Zip Code				
	cbenedetto@sen	siple.com					
		E-mail address: (to be use	d for future annua	report no	tification)		
For further in	nformation concernin	g this matter, please call:					
Chi	rista Di Benedetto		732 at (283-04	99, ext. 288		
	Name c	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section fullding ecutive Center Circle see, FL 32301			
	check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filio Certified Copy	ig Fee &	\$160.00 Filing Fee, Cer 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. E*Pro Technologies L.	LC Limited Liability Company; must include "Lin	aire Hability Company "	MICTORITE TO		
(reason of roleign	Communication to Company, must mediate 1.in	med catomicy Compuny.	LL.C., Of Live.		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida, The alternate name m	ust include "Limited Liability C	Company," "L.L.C," or *LLC.")	
2. State of New Jersey		3			
(Jurisdiction under the law of w	thich foreign limited liability company is organized)		(FEI number, if a	pplicable)	
4. <u>12/16/20</u>)/ 子			_	
	(Date first transacted business in Florids, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration) muine penalty liability)			
5. 555 US Highway 1 S.,	Suite 330	6			
(Street Address of Principal Office) Isolin, NJ 08830			(Mailing Address)		
130111, 117 00030					
 -				<u> </u>	
7 Name and street address	ss of Florida registered agent: (P.O. B	ov NOT acceptable)			
. Name and <u>street addres</u>		ox <u>NOT</u> acceptable)			
Name:	Business Filings Incorporated			17	
Office Address:	1200 South Pine Island Rd.			i TO	
•	Plantation	ri.	orida <u>33324</u>		
	(City)	, FIC	(Zip code)	က်	
Registered agent's accep		, , ,		等制. 3 .	
aving been named as re	gistered agent and to accept service of tion, I hereby accept the appointment	process jor me avo ne vacietarad avant i	ve stated timited trabi	is canacity. I further agree	
	ons of all statutes relative to the prop				
	s of my position as registered agent.	^	,	1	
	Brenna Kutter	UDIX Su	ritary.	f)	
	Susiness Filler	as sincour	Dolatek	3	
	icity and address of the person(s) who Name and Address:	has/have authority to Title or Capa		ime and Address:	
Title or Capacity:	0./ 1.7	JECKET TH	ess à		
Director of	CHRISTA DI BENENE EPROTECHNOIOGICA	TO TREAS.		PRO TECHNOLUES LLC	
OPERATIONS	555 US HICHWAY 15	5017E330	.57	55 US HALAWAY 15 SUTE	
	- ISELIN, NJ 08830)	"L	9ELIN, NJ (18830	
PRESIDENT	SABEESH VENUGO	PAL			
	EPROTECHNOCOLD 505 US HEALTHY ISELN; NJ 088	5 (S. Sute 33a)	· -		
Han attanhonenta if wases	ISELIN, NJ 088.	30			
Use attachments if necess	en y)				
	of existence, no more than 90 days old				
misdiction under the law of the translator must be su	of which it is organized. (If the certific.	ate is in a toreign tanj	guage, a transtation of	the certificate under oath	
	ated in accordance with section 605.02				
ibinitted in a document to	the Department of State constitutes a t			.133, r.3.	
	_Sadeehy Signatu	VKn John		-	
	Signatu	re or an authorized person			
	Caneer	Or printed name of signee	OPAL_		
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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

E*PRO TECHNOLOGIES LLC

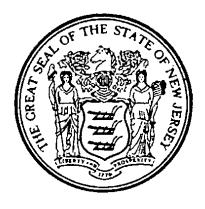
0600239596

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 June 13, 2005.

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:

SADEESH VENUGOPAL 555 US HIGHWAY I S SUITE 330 ISELIN, NJ 08830



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of January, 2018

Ford M. Scudder Acting State Treasurer

Certificate Number: 6085338622

Verify this certificate online at

https://www.Lstate.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp