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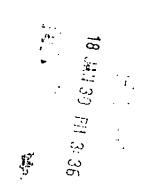
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
Certun-9	7331			

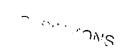
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2017

ROBERT JACOBS, JR 1180 8TH AVE W, #259 PALMETTO, FL 34221

SUBJECT: POLITEK, LLC Ref. Number: W17000097331

We have received your document for POLITEK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 517A00024846

RECEIVED

JAN 30 2018

www.sunbiz.org

Division of Corporations P.O. POY 6227 Thillehasses Florida 2221

COVER LETTER

Division of Corp		
Politek, LLC SUBJECT:		
30bit.C1.	Name of Limited Liability Co	Ompany
	n by Foreign Limited Liability Company for Authorizati submitted to register the above referenced foreign limite	
Please return all correspor	ndence concerning this matter to the following:	
Robert '	W. Jacobs, Jr.	
	Name of Person	
PoliTek	K, LLC	
	Firm/Company	
1180 8t	h Avenue West #259	
	Address	
Palmett	to, FL 34221	
	City/State and Zip Code	
buxx@po	olitek.us	
_ 	E-mail address: (to be used for future annual r	report notification)
For further information co	oncerning this matter, please call:	
Robert Jacobs	941 at (315-7017
	Name of Contact Person Area Code	Daytime Telephone Number
MAILING ADD Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL 3	orations tion	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661-Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the \$125.00 Filing		g Fee & S160.00 Filing Fee, Certificate 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	CMALS IN THE STAIL OF FIXALIZA.		
1. PoliTek, LLC	Limited Liability Company, must include "Limi	sted Lightlity Company " "L. C. " or	"1 ((' ")
(Name of Foreign	Thinked Clathing Company, must metude Thin	ned fracting evenpany, 17.0.c., or	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in I	lorida. The alternate name must include "Lu	mited Limbility Company, "L. L.C." or "LLC.")
2. Delaware		3. 82-3521117	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		FEI mamber, if applicable)
4.			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration)	
5. 1180 8th Avenue Wes		6. 1180 8th Avenue We	est #259
(Street Address of	Principal Office)	(Ma	iling Address)
Palmetto, FL 34221		Palmetto, FL 34221	<u> </u>
		Ŀ	ب
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	iling Address)
Name:	Robert W. Jacobs, Jr.		
Office Address:	1180 8th Avenue West #259		·
Office Address.	D. I.		
	Palmetto (Civ)	, Florida <u>3422</u>	31
designated in this applicate to comply with the provis	egistered agent and to accept service of ution. I hereby accept the appointment cions of all statutes relative to the proposis as of my position as registered agent.	as registered agent and agree	to act in this capacity. I further agree
	(Registered agent	's signature)	
	acity and address of the person(s) who	has/have authority to manage is	s/are:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Partner	Robert W. Jacobs, Jr.	Partner	Evelyn Lim
	1180 8th Ave West #259 Palmetto, FL 34221	_	5815 E. 9th Avenue Denver, CO 80220
		_	Denver. CO 00220
		-	
(Use attachments if neces	ssary)		
Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old of which it is organized. (If the certific submitted)	I, duly authent cated by the offi ate is in a foreign language, a t	icial having custody of records in the ranslation of the certificate under oath
10. This document is executed in a document t	cuted in accordance with section 605.02 o the Department of State constitutes a l	03 (1) (b). Florida Statutes. Lar hird degree fellony as provided	n aware that any false information for in s.817.155, F.S.
	RUSENETW	JAco35 JN	ر

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "POLITEK, 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 TWELFTH DAY OF JANUARY, A.D. 2018.

6626812 8300

SR# 20177651138

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jaffrey W. Budlock, Secretary or State

Authentication: 201962289

Date: 01-12-18