

M18000001667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

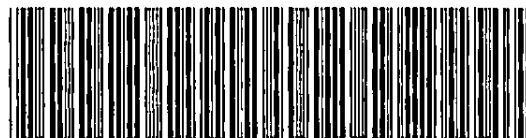
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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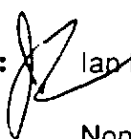
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18 FEB 15 PM 3:18  
TALLAHASSEE, FLORIDA

J. LEGGETT  
FEB 16 2018

**Capitol Technology  
Solutions, LLC**

# Memo

**To:** Division of Corporations, Florida Department of State  
**From:**  Ian Lubetkin, Capitol Technology Solutions  
**cc:** None  
**Date:** February 12, 2018  
**Re:** Certificate of Good Standing and Mailing Address

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It has come to our attention that our application (Document #: W18000012307) to register as a Foreign Limited Liability Company has been rejected because our application was missing a certificate of good standing from the state our LLC was formed in. I have enclosed a copy of said certificate.

Also, it appears we made a typo in our mailing address. Would you please correct it to the following:

Capitol Technology Solutions, LLC  
PO Box 30415  
Ft. Lauderdale, FL 33303

Should you have any questions about the above please feel free to call me at (202) 531-5511 or email me at [ian@capitol.technology](mailto:ian@capitol.technology)

Thank You

RECEIVED

FEB 16 2018

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Capitol Technology Solutions, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ian Lubetkin

\_\_\_\_\_  
Name of Person

Capitol Technology Solutions, LLC

\_\_\_\_\_  
Firm/Company

PO Box 40315

\_\_\_\_\_  
Address

Ft. Lauderdale, FL 33303

\_\_\_\_\_  
City/State and Zip Code

ian@captechllc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian Lubetkin

202 531-5511  
at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$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 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:

1. Capitol Technology Solutions, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Wyoming 3. 27-1648244  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. January 1, 2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1621 Central Ave 6. PO Box 30415  
(Street Address of Principal Office) (Mailing Address)  
Cheyenne, WY 82001 Ft. Lauderdale, FL 33303

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Tana Vaughn Tana Vaughn on behalf of InCorp Services, Inc.  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Principal</u>	<u>Ian Lubetkin</u> <u>501 S. Federal Hwy APT 301</u> <u>Ft. Lauderdale, FL 33301</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ian Lubetkin  
(Signature of an authorized person)

Ian Lubetkin  
(Typed or printed name of signer)

FILED  
18 FEB 15 PM 3:18  
CLERK OF DISTRICT COURT  
FLORIDA  
SOUTHERN DISTRICT

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Capitol Technology Solutions, LLC**

is a

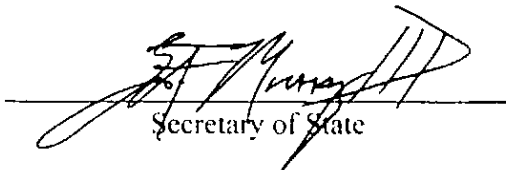
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 11, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000578946**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of February, 2018 at 9:33 AM. This certificate is assigned 025441124.



  
Secretary of State