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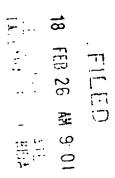
(Requestor's Name)
(Address)
(Address)
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COVER LETTER

то:	Registration Section Division of Corporation	18				
SUBJI	Telesis Sales, LLC					
.,0131		Name of	Limited Liability (Company		
					ansact Business in Florida." (y company to transact busine	
Please	return all correspondence c	oncerning this matter to the	e following:			
	Steven Duker					
		,	lame of Person			
	Dubrow Duker	& Associates, P.A.				
		į.	irm/Company			
	5401 N. Univer	sity Drive, Suite 204				
			Address			
	Coral Springs,	FL 33067				
		City/S	State and Zip Code			
	steve@dubrowdt	iker.com				
	-	E-mail address: (to be use	ed for future annual	l report no	tification)	
For fur	ther information concerning	g this matter, please call:				
	Steven Duker		954 at (345-03	23	
	Name o	f Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton F 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
Enclos	ed is a check for the follow = \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng 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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate i	iame adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Li	iability Company," "L.L.C," or "LLC,")
2. Texas		3. 81-5432905	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE) nun	nber, if applicable)
February 20, 2017			
···	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	to registration) emine penalty liability)	
5. 5401 N. University Di		6. 5401 N. University Drive.	, Suite 204
(Street Address of	Principal Office)	(Mailing Ad	diess)
Coral Springs, FL 330	67	Coral Springs, FL 33067	
7. Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Bo Steven D. Duker	ox <u>NOT</u> acceptable)	- - - - -
Office Address:	5401 N. University Drive, Suite 204		田田 田田
Office Address.	Coral Springs	 _	26
		1.1001.10	
Having been named as re designated in this applica- to comply with the provis	(City) Stance: Signification of the appointment Stanton, I hereby accept the appointment Stantons of all statifies relative to the prop s of my position, as registered agent.	t as registered agent and agree to ac	d liability company at the place t in this capacity. I further ag
Having been named as re designated in this applica- to comply with the provis	otance: ogistered agent and to accept service of tion, I hereby accept the appointment ions of all statifies relative to the prop	of process for the above stated limite t as registered agent and agree to ac ver and complete performance of my	d liability company at the place t in this capacity. I further ag
designated in this applicate comply with the provise and accept the obligation	stance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prop s of my position, as registered ugent.	of process for the above stated limite t as registered agent and agree to ac eer and complete performance of my "'s signature)	d liability company at the place t in this capacity. I further ag
Having been named as red designated in this applica- to comply with the provis- and accept the obligation 8. The name, title or cap	otance: registered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered upont. Registered agen acity and address of the person(s) who	of process for the above stated limite, tas registered agent and agree to accept and complete performance of my at's signature) has/have authority to manage is/are:	d liability company at the plac t in this capacity. I farther ag duties, and I am familiar with
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Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service of ation. I hereby accept the appointment ions of all statutes relative to the prop is of my position, as reassered agent. Registered agent acity and address of the person(s) who Name and Address: Jay Wasserman 520 W. Highland Street Southlake, TX 76092	of process for the above stated limite, tas registered agent and agree to accept and complete performance of my at's signature) has/have authority to manage is/are:	d liability company at the plac t in this capacity. I farther ag duties, and I am familiar with
Having been named as relesignated in this applicate of the application of comply with the provisual accept the obligation. 8. The name, title or caparity: Managing Member (Use attachments if neces). Attached is a certificate.	ptance: registered agent and to accept service of ation. I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. Registered agent accity and address of the person(s) who Name and Address: Jay Wasserman 520 W. Highland Street Southlake, TX 76092	of process for the above stated limite, tas registered agent and agree to accer and complete performance of my (is signature) has/have authority to manage is/are: Title or Capacity:	Name and Address:

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Telesis Sales, LLC (file number 802654230), a Domestic Limited Liability Company (LLC), was filed in this office on February 20, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 19, 2018.



R

Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 794851070002 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

CERTIFICATE OF FILING OF

Telesis Sales, LLC File Number: 802654230

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 02/20/2017

Effective: 02/20/2017



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Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 716688840002