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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>#</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALL MASSEE FROM

→ SIMMONS
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February 21, 2018

JAMES KAPSIS 20934 CONCORD GREEN DR E BOCA RATON, FL 33433

SUBJECT: VOTRITE INTERNATIONAL LLC

Ref. Number: W180 00017660

We have received your document for VOTRITE INTERNATIONAL LLC and your check(s) totaling \$1:30.00. 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 juriscliction 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: 418A00003657

RECEIVED

RECEIVED

COVER LETTER

TO:	Registration Section Division of Corporations						
CHIR II	VOTRITE INTERNAT	TIONAL LLC					
SUDJ	EC1	Name of I	.imited Liability (Company			
	nclosed "Application by Foreignee, and check are submitted (
Please	return all correspondence con	cerning this matter to the	following:				
	JAMES L KAPSI	S					
		No	ime of Person				
	VOTRITE INTERNAITONAL LLC						
	Firm/Company						
	20934 CONCORE	20934 CONCORD GREEN DR E					
Address							
	BOCA RATON FLORIDA 33433						
		City/St	ate and Zip Code				
	JKAPSIS@VOTRI	TE.COM					
	Ţ.	E-mail address: (to be used	For future annual	report not	ification)		
For fur	rther information concerning t	his matter, please call:					
	JAMES L KAPSIS		516 at (414 181	74		
	Name of C	Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, F1, 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding centive Center Circle ice, FL 32301		
Enclos		g amount: \$\\\$130.00 \text{Filing Fee & Certificate of Status}	□ \$155.00 Filir 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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. VOTRITE INTERNAT	TONAL LLC Company: must include:	"Limited Liability Company," "L.L.C.," or "L.L.				
VOTRITE						
If name unavailable, enter alternate n	name adoptes for the purpose of transacting busines	ss in Florida. The alternate name must melude "Uirmed	Liability Company," "L.L.C," or "LLC.")			
DELAWARE		3. 81-1016161				
(Jurisdiction under the law of w	hich foreign lumited liability company is organized) (FIELD	(FIE number, if applicable)			
•						
+	(Date first transacted business in Florida, if (See ecetions 605 0904 & 605,0905, F.S. to	prior to registration.)				
2002 LCONCORD CR						
5. 20934 CONCORD GR		6. PO BOX 812455	Address)			
BOCA RATON FLORIDA 33433		BOCA RATON FLORI	BOCA RATON FLORIDA 33484 👝 👼			
			E0 = -0			
			宝 多 三			
7 Name and street address	ss of Florida registered agent: (P.C) Box NOT acceptable)	10 Sept 5 M			
7. Name and <u>street addres</u>		7. Box (NOT acceptatole)				
Name:	JAMES L KAPSIS		五			
Office Address:	20934 CONCORD GREEN DR	EAST	6. 9			
Office Address.			ABE 38			
	BOCA RATON	. Florida <u>33433</u> (Zip				
Registered agent's accep	(City)	(Xip	code			
	us of my position as registered age	oroper and complete performance of r				
•	The state of the s	ngen's Contine)				
8. The name, title or cap	acity and address of the person(s) v	who has/have authority to manage is/ar	e:			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
MANAGING PART	N JAMES L KAPSIS					
	20934 CONCORD GRI BOCA RATON FLORI	EEN D DA 33				
(Use attachments if neces	ssary)					
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the cer	rs old, duly authenticated by the officia rtificate is in a foreign language, a tran	I having custody of records in the slation of the certificate under oath			
		05.0203 (1) (b), Florida Statutes. I am a exa third degree (clony as provided for				
	,	•				

Page 1



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

DELAWARE, DO HEREBY CERTIFY "VOTRITE INTERNATIONAL 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 MARCH, A.D. 2018.

Authentication: 202261876

Date: 03-06-18