M18000004705

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(Document Number)	
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SECRETARY OF STATE STALLAHASSEE, FLORIDA

JB-16/18



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2018

SCOT B NEVILLE 8501 NORTH SCOTTSDALE RD STE 225 SCOTTSDALE, AZ 85234

SUBJECT: VCORE TECHNOLOGY PARTNERS, LLC

Ref. Number: W18000025360

We have received your document for VCORE TECHNOLOGY PARTNERS, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

There is a balance due of \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 718A00005281

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporation	ıs				
euniez	vCORE Technology	Partners, LLC				
SUBJEC	1:	Name of	Limited Liability C	Company		
					ansact Business in Florida," y company to transact busin	
Please ret	turn all correspondence c	oncerning this matter to the	following:			
	Scot B. Neville					
		N'	ame of Person			
	vCORE Techno	logy Partners, LLC				
		Į-,	inn/Company			
	8501 North Sco	ttsdale Road, Suite 255				
			Address			
	Scottsdale, Ariz	ona 85234				
	<u>=</u>	City/S	tate and Zip Code			
	scot.neville@vco	retec.com				
		E-mail address: (to be use	d for future annual	героп по	tification)	
For furthe	er information concerning	g this matter, please call:				
	Scot Neville		602 at (491-12		
-	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 H 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	is a check for the follows S125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$455.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee. Ce of Status & Certified Cop	

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:

California (Jurisdiction under the law of will 17 November 2017	hich foreign limited liability company is organized			
	high interen limited hability company is organized:	<u>3</u> . <u>27-2607154</u>		
17 November 2017	the state of the s)	(FEI number, if applic	able)
	(Date first transacted business in Florids, if	prior to constrution \		
	(See sections 605,0904 & 605,0905, F.S. to	determine penalty liability)		
8501 N. Scottsdale Rd	., Suite 255	6. 8501 N. Scottsda	le Rd., Suite 255	
Scottsdale, Arizona 85	-	Scottsdale, Arizo	na 85234	
Name and street addres	ss of Florida registered agent: (P.O	Box NOT acceptable)		2
Name:	InCorp Services, Inc.			HAY
Office Address:	17888 67th Court North			<u></u>
		_	2.450	_
iving been named as re signated in this applica comply with the provisi	egistered agent and to accept service tion, I hereby accept the appointming ions of all statutes relative to the party of my position as registered agents.	nent as registered agent and ag roper and complete performan at. Donice Mull o	(Zip code) ed limited liability ree to act in this c ce of my duties, a	apacity. I fund I am fam.
aving been named as resignated in this applica comply with the provising accept the obligation. The name, title or cape	(City) Itance: Trance: Tran	ce of process for the above statement as registered agent and agrouper and complete performant. Continue Taxice Null of agent's signature)	(Zip code) red limited liability ree to act in this c ce of my duties, a n behalf of te is/are:	apucity. I fu nd I am fam In Corp
aving been named as resignated in this applicated in this application comply with the provising accept the obligation. The name, title or captage of the or Capacity:	contance: significance: signif	ce of process for the above state tent as registered agent and ag roper and complete performant. Description of the signature of the signatur	(Zip code) red limited liability ree to act in this c ce of my duties, a n behalf of te is/are:	apacity. I fund I am fam.
esignated in this applicate comply with the provising accept the obligation. The name, title or cape	(City) Itance: Trance: Tran	ce of process for the above state tent as registered agent and ag roper and complete performan tt. Compare Compare	(Zip code) red limited liability ree to act in this c ce of my duties, a n behalf of te is/are:	apucity. I fu nd I am fam In Corp
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Typed or printed name of signee

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: VCORE TECHNOLOGY PARTNERS LLC

FILE NUMBER: FORMATION DATE:

201013310010 05/11/2010

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 1, 2018.

ALEX PADILLA Secretary of State