

M18000005382

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H18000171161 3ABC-

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : 120160000008  
Phone : (850)777-2091  
Fax Number : (770)220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
PEDOWITZ MACHINERY MOVERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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2018 JUN -7 AM 11:50  
RECEIVED  
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TALLAHASSEE, FLORIDA



Triad Professional Services  
1720 Windward Concourse, Suite 390  
Alpharetta, GA 30005

TEL: 877-805-6723  
FAX: 770-220-1943

TO: Florida Secretary of State — ATTN: KAREN A. SALY

FAX NUMBER: 850 617-6383

FROM: MARY PARIS

DATE: June 7, 2018

RE: W18000053072

PAGES: 5

Ms. Saly,

Per my voice message, I am resending the application for authority for PEDOWITZ MACHINERY MOVERS, LLC. Line 4 of the Application inadvertently stated the Date of Formation in DE. The entity has not transacted business in Florida.

Mary Paris

850-G17-6381

6/7/2018 10:48:25 AM PAGE 1/001 Fax Server



June 7, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: PEDOWITZ MACHINERY MOVERS, LLC  
REF: W18000053072

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

The total amount due is \$763.75.

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.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H18000171161  
Letter Number: 518AG0011863

# 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. Pedowitz Machinery Movers, 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(F.T. number, if applicable)

4. \_\_\_\_\_

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

5. 571 Plains Road

(Street Address of Principal Office)

Milford, CT 06461

6. 571 Plains Road

(Mailing Address)

Milford, CT 06461

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida

(City)

, Florida 33324

(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.

Mary Pans

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Sole Member

Scott Pedowitz

571 Plains Road  
Milford, CT 06461

Manager

Scott Pedowitz

571 Plains Road  
Milford, CT 06461

(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 605.0703 (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.

Scott Pedowitz

(Signature of an authorized person)

Scott Pedowitz

(Typed or printed name of signer)

FILED  
2018 JUN -7 AM 10:12  
TALLAHASSEE, FLORIDA

# Delaware

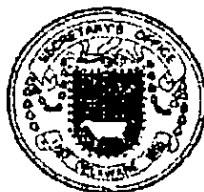
The First State

Page 1

I, JEFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PEDOWITZ MACHINERY MOVERS, 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 JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEDOWITZ MACHINERY MOVERS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6680155 8300

SR# 20185000063

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JW Hullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Hullock, Secretary of State" is printed in a small font.

Authentication: 202831709

Date: 06-06-18