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FILED 2018 SEP -4 PH 1: 17 SECRETARY OF STATE SECRETARY OF STATE

N CULLIGAN

COVER LETTER

TO: Registration Section Division of Corporations

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S2Technologies, LLC SUBJECT:

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:

Margaret Stein	
	Name of Person
S2Technologies, LLC	
	Firm/Company
226 E Market Street	
- <u> </u>	Address
Smithfield, NC 27577	
City	State and Zip Code
accounting@s2techllc.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please call:	
Margaret Stein	919 9388911 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 Certificate of Status

Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



S2Technologies, LLC 226 E Market Street, STE B Smithfield, NC 27577 Tel: (919) 938-8911 Fax: (919) 879-2161

August 24, 2018

Florida Department of State Division of Corporations Registration Section ATTN: Neysa Culligan P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: S2TECHNOLOGIES, LLC REF, Number: W18000074840

To Whom it may concern.

It has come to our attention that our Authority to Transact for a Foreign LLC application states that S2Technologies began business on August 8, 2017. In fact, we did not begin business in Florida unit August 8, 2018. Please correct this date to reflect the correct start date in Florida to August 8, 2018.

I, Margaret R. Stein, owner of the company requests this correction and elimination of penalties and fees associated with this error.

Please contact me directly with any further questions at 919-938-8911

Sincerely,

Marge

Margaret R. Stein President and CEO S2Technologies, LLC



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2018

MARGARET STEIN 226 E MARKET STREET SMITHFIELD, NC 27577

SUBJECT: S2T TECHNOLOGIES, LLC Ref. Number: W18000074840

We have received your document for S2T TECHNOLOGIES, 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.

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 jurisdiction 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.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 518A00017085

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

S2Technologies, LLC		
(Name of Foreign	Limited Liability Company: must include "	"Limited Liability Company," "L.L.C.," or "LLC.")
fname unavailable, enter alternate n	ame adopted for the purpose of transacting busines	ness in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC.")
North Carolina		3 45-2598635
(Jurisdection under the law of w	hich foreign limited liability company is organized)	ed) (FEI number, if applicable)
August-8,-2017	August 8,20	018
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to	if prov to registration.) to determine peralty liability)
226 E Market Street	Suite B	6 226 E Market Street Suite B
(Street Address of Smithefield, NC 2767	- ,	(Mailing Address)
Smithfield, NC 27577		Smithfield, NC 27577
		AHE
. Name and street addres	is of Florida registered agent: (P.O.	O. Box <u>NOT</u> acceptable)
Name:	Ralph Phillip Perrott	
Office Address:	300 Camellia Court	EE GF STATE
	Freeport	
	(City)	, Florida <u>32439</u>
legistered agent's acceptaving been named as re-	tance:	
	uun, I nercoy accept ine appointm	vice of process for the above stated limited liability company at the pla ment as registered agent and agree to act in this capacity. I further ag
сыкашсы т ты аррасы		a and a second and a second mina cupacity. I juriner a
comply with the provision	ons of all statules relative to the pl	proper and complete performance of my duties, and I am familian with
comply with the provision	ons of all statutes relative to the pi s of my position as registered agen	proper and complete performance of my duties, and I am familiar will ent.
comply with the provision	s of my position as registered agen. Ralph P Perrott	proper and complete performance of my duties, and I am familiar witent. Digitally signed by Ralph P Perrott Date: 2018.08.07 14:02:09 -05'00'
comply with the provision of accept the obligation.	s of my position as registered agen Ralph P Perrott (Registered a	proper and complete performance of my duties, and I am familiar witent. Digitally signed by Ralph P Perrott Date: 2018.08.07 14:02:09 -05'00' rd agent's supsture)
comply with the provision accept the obligation.	Ralph P Perrott (Registered a ucity and address of the person(s) w	proper and complete performance of my duties, and I am familiar with ent. Digitally signed by Ralph P Perrott Date: 2018.08.07 14:02:09 -05'00' Ad agent's signature) who has/have authority to manage is/arc:
 comply with the provision of accept the obligation. The name, title or capa <u>Title or Capacity:</u> 	s of my position as registered agen Ralph P Perrott (Registered a	proper and complete performance of my duties, and I am familiar witent. Digitally signed by Ralph P Perrott Date: 2018.08.07 14:02:09 -05'00' rd agent's supsture)
comply with the provision accept the obligation.	Ralph P Perrott (Registered agent) (Registered a ucity and address of the person(s) w <u>Name and Address</u> : Margaret Stein	proper and complete performance of my duties, and I am familiar with ent. Digitally signed by Ralph P Perrott Date: 2018.08.07 14:02:09 -05'00' rd agent's signature) who has/have authority to manage is/arc:
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 comply with the provision of accept the obligation. The name, title or capa <u>Title or Capacity:</u> 	Ralph P Perrott (Registered agent) (Registered a ucity and address of the person(s) w <u>Name and Address</u> : Margaret Stein	proper and complete performance of my duties, and 1 am familiar with ent. Digitally signed by Ralph P Perrott Date: 2018.08.07 14:02:09-05'00' rd agent's signature) who has/have authority to manage is/arc: <u>Title or Capacity:</u> <u>Name and Address:</u>
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 comply with the provising accept the obligation. The name, title or capa <u>Title or Capacity:</u> 	Ralph P Perrott (Registered agen active and address of the person(s) w <u>Name and Address</u> : Margaret Stein <u>226 E Market Street</u> Smithfield, NC 27577	proper and complete performance of my duties, and 1 am familiar with ent. Digitally signed by Ralph P Perrott Date: 2018.08.07 14:02:09-05'00' rd agent's signature) who has/have authority to manage is/arc: <u>Title or Capacity:</u> <u>Name and Address:</u>

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.

Margaret R. Stein Signature of an authorized person

Margaret R. Stein

of the translator must be submitted)

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

S2TECHNOLOGIES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 31st day of January, 2011

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Certification# 103189699-1_Reference# 14752401-_Page: 1 of 1_ /erify this certificate online at http://www.sosnc.gov/verification_ IN WITNESS WHEREOF. I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of August, 2018.

Elaine I Marshall

Secretary of State