# M18000008113 (Requestor's Name) (Address) 500317412625 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 08/22/18--01015--003 \*\*130.00 (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_ AUG 31 Special Instructions to Filing Officer: PH 나: 0( ! ;; ; Office Use Only T. CLINE SEP - 5 2018 **EXAMINER**



# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28. 2018

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CDS TECHNOLOGY, LLC 518 BRADFORD STREET NW GAINESVILLE, GA 30501

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We have received your document for CDS TECHNOLOGY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records reflect the LLC was filed online as a Florida LLC.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 618A00017854

**CDS** Technology

PO Box 14

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Gainesville GA 30503

Dear Sir;

Please process my filing of foreign LLC (W18000076172) CDS Technology, LLC, it was rejected due to my having a domestic LLC (L18000177965) CDS Technology FL, LLC. I created the domestic LLC in error and have filed an online dissolution of CDS Technology FL LLC effective 8/29/2018. I have no intention of ever re activating the domestic LLC.

Please rush this process as I'm attempting to acquire a FL Electrical Lisc.

Thanks Scott Pitts



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### COVER LETTER

#### TQ: Registration Section Division of Corporations

ech 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:



For further information concerning this matter, please call:

\_at ( 678 Area Code Daytime Telephone Number ame of Contact Person

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: S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

# 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 & FOREIGN-LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	(Name of Foreign Limited Liability Company; mustinglack "Limited Liability Company;" "L.L.C.," or "LLC.")
	COS Technology FL LLC
(If)	name unavailable, enter alternate name adopted for the purpose of transacting budiness in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LFC.")
2	GEORGIA 3 46-1746188
	(Jurisdiction index the law of which foreign limited liability company is organized) (FUI number, if applicable)
4.	
1.	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5.	518 BRAD FORD ST NW 6. 518 BRAD FORD ST NW (Street Address of Principal Office) (Mailling Address)
	(Street Address of Principal Office) (Mailing Address) GAINESUILLE GA 3050 (GAINESUILLE GA 3050)
7.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: Michael Spivey
	Office Address:305 MAGNETA LOOP_
	AUBURNDALE FL. Florida 33823: 8
	(City) (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.

hella. (Registered agent's signature)

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

<u>Title or Capacity:</u>	Name and Address:	Litle or Capacity:	Name and Address:
_Mq.c	William Scott Pitt 518 Bandford STN	ב. ונו	
	GAMESUITE-CA-305	0	
mgr	CAROL T. Pitts SIR BARDFORDESTA GAMESUILLE GAL	のし ,050	······································

(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 605.0203 (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.

Signature of an authorized person
William South Atts
Typed or printed name of signee

. . . .

Control Number : 12097245

# **STATE OF GEORGIA**

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# **CERTIFICATE OF EXISTENCE**

1. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## **CDS TECHNOLOGY, LLC**

#### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number: 16039561Date Inc/Auth/Filed:12/14/2012Jurisdiction: GeorgiaPrint Date: 07/24/2018Form Number: 211



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Brian P. Kemp Secretary of State