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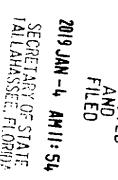
		(Re	questor's Name)	
		اد ۵)	dana	
		(Add	aress)	
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
		(Cit	y/State/Zip/Phon	e #)
	PK	CK-UP	☐ WAIT	MAIL
		(Bu:	siness Entity Nai	me)
		(Do	cument Number	j
ertifie	ed Copie:	s	Certificate	s of Status
Spec	cial Instru	ctions to I	Filing Officer:	

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COVER LETTER

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TO:

Registration Section

3.

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Div	ision of Corporations				
SUBJECT:	FITECH Consultants	, LLC			
		Name of Lim	ited Liability Company		
				Business in Florida," Certificate of pany to transact business in Florida.	
Please return	all correspondence co	ncerning this matter to the foll-	owing:		
	lan M. Marlow				
		Name	of Person		
	FITECH Consul	tants, LLC			
Firm/Company					
Address					
	Boca Raton, FL	33496			
		City/State	and Zip Code		
	imarlow@fitechge	lb.com			
	·	E-mail address: (to be used for	future annual report notificati	on)	
For further in	nformation concerning	this matter, please call:			
Ian	M. Marlow	at	201 306-0986		
	Name of	Contact Person	Area Code Daytime	Celephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADD Division of Cor Registration Se Clifton Buildin 2661 Executive Tallahassee, FL	porations ction g : Center Circle		
	a check for the following	<u>`</u>			
Ц	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate 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 A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FITECH Consultants, (Name of Foreign	LLC n Limited Liability Company; must include "Limit	ed Liabilii	y Company," "L.L.C.," or "	I.I.C.")		
FITECHGELB LLC						
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in FI	lorida. The s	lternate name must include "Lim	ided Liability Co	ompany," "L.L.C," o	"LLC.")
New Jersey 2. (Jurisdiction under the law of v	which foreign limited liability company is organized)	3(FEI number, if applicable)				
N/A 4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	n) liability)		_	
1120 Holland Drive 5.		6.	5030 Champion Blvd			
5. (Street Address of	Principal Office)	σ.	(Mail:	ing Address)		
Suite 20			Suite G11-306			
Boca Raton, FL 3348	7		33496			
7. Name and street addre	ess of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)		2019 JAN - SECRETAI TALLAHAS	
Name:	lan M. Marlow				AHASS	A77.X
Office Address:	5030 Champion Blvd, Suite G11-306				AH II FOF ST EE, FL	EO
	Boca Raton		3349 Florida	6	1416 1416 15:16	
	(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.

(Registered agent's signature)

CEO	Ian M. Marlow		
	5821 Bridleway Circle	-	
	Boca Raton, FL 33496	_	
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se attachments if necessary)			
Attached is a certificate of existe sdiction under the law of which he translator must be submitted	ence, no more than 90 days old, duly authenticated by the official having custody of it is organized. (If the certificate is in a foreign language, a translation of the certificate is in a foreign language.)	of reco ficate	rds in the under oath
This document is executed in a mitted in a document to the Dep	ecordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any falso artment of State constitutes a third degree felony as provided for in s.817.155, F.S.	e infor	mation
_ 2	200		
	Signature of an authorized person		

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

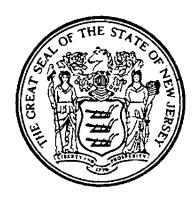
FITECH CONSULTANTS, LLC 0600138213

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 10, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

IAN M MARLOW 18 GARRITY TERRACE PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 31st day of December, 2018

A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6093929931

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp