## M19000001127

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:

Office Use Only



100327957821

04/18/19--01026--032 \*\*160.00

2019 APR 18 PM 6: 52 SECRETARY OF STATE TAIL MALESSEE FLOOR

APPROVED

## **COVER LETTER**

	tegistration Section Division of Corporations
	Coating Delivery Technology LLC.
SUBJEC	
The enclo Existence	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please ret	urn all correspondence concerning this matter to the following:
	William C Robinon
	Name of Person
	Coating Delivery Technology LLC
	Firm/Company
	3292 Tannery Ter
	Address Address
	The Villages, Florida 32163
	City/State and Zip Code
	bill.r@cdtonline.net
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Bill robinson 615 450-1953 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingFallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	is a check for the following amount:  \$\Boxed{\text{\$\sumsymbol{1}}\$ \$125.00 Filing Fee \text{\$\sumsymbol{1}}\$ \$155.00 Filing Fee \text{\$\sumsymbol{2}\$ \$160.00 Filing Fee, Certificate of Status \text{\$\sumsymbol{2}\$ Certified Copy} \text{\$\sumsymbol{2}\$ \$160.00 Filing Fee, Certificate of Status \text{\$\text{\$\cute{2}\$ 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 FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	nology LLC. Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.")	<u></u>
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
Nevada		3 47-3027142	
	hich foreign limited liability company is organized)		er, if applicable)
none			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	
3292 Tannery Ter		6. 3292 Tannery Ter	
(Street Address of	Principal Office)	(Mailing Add	ress)
The Villages, FL 321	63	The Villages, Fl. 32163	····
Name: Office Address:	William C Robinson 3292 Tannery Ter		2019 APR 18
	The Villages	, Florida 32163	3 3 元
Registered agent's accer	(City)	(Zip cod	7 時 78 開
esignated in this applica comply with the provis		process for the above stated limited s registered agent and agree to act	liability company of the pla in this capacity. Further a
laving been named as re esignated in this applica comply with the provis	otance: orgistered agent and to accept service of providence of parties, I hereby accept the appointment arions of all statutes relative to the proper is of my position as registered agent.	process for the above stated limited stregistered agent and agree to act and complete performance of my	liability company of the pla in this capacity. I further a duties, and I am familiar wi
laving been named as re esignated in this applica comply with the provis nd accept the obligation	otance: egistered agent and to accept service of p ction, I hereby accept the appointment a cions of all statutes relative to the proper	process for the above stated limited is registered agent and agree to act and complete performance of my injuries	liability company of the pla in this capacity. I further a duties, and I am familiar wil
laving been named as re esignated in this applica o comply with the provis nd accept the obligation 3. The name, title or cap	otance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's gating and address of the person(s) who has	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	liability company of the pla in this capacity. I further a duties, and I am familiar wit
Taving been named as reesignated in this applicate of comply with the provising accept the obligation.  The name, title or capacity:	otance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent's active and address of the person(s) who ha	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	liability company at the pla in this capacity. I further a duties, and I am familiar wi
Taving been named as reesignated in this applicate of comply with the provising accept the obligation.  The name, title or capacity:	otance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's accity and address of the person(s) who have and Address:  William C Robinson	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	liability company of the pla in this capacity. I further a duties, and I am familiar wi
Iaving been named as reesignated in this applicate of comply with the provisind accept the obligation  Title or Capacity:	otance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's active and address of the person(s) who have a many and address:  William C Robinson	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	liability company at the pla in this capacity. I further a duties, and I am familiar wi
Iaving been named as reesignated in this applicate of comply with the provisind accept the obligation  Title or Capacity:	otance: registered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's active and address of the person(s) who have a many and address:  William C Robinson	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	liability company at the pla in this capacity. I further a duties, and I am familiar wi
laving been named as reesignated in this applicate comply with the provisind accept the obligation  3. The name, title or capa Title or Capacity:	otance: registered agent and to accept service of pation, I hereby accept the appointment at ions of all statutes relative to the proper is of my position as registered agent's acity and address of the person(s) who has Name and Address:  William C Robinson  3292 Innovy International Statutes of Porda, 32163	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	liability company of the pla in this capacity. I further a duties, and I am familiar wi
Taving been named as reesignated in this applicate of comply with the provisional accept the obligation.  The name, title or capatite or Capacity: President  Use attachments if neces	otance: registered agent and to accept service of pation, I hereby accept the appointment at ions of all statutes relative to the proper is of my position as registered agent's acity and address of the person(s) who has Name and Address:  William C Robinson  3292 Innovy International Statutes of Porda, 32163	process for the above stated limited is registered agent and agree to act and complete performance of my signature)  s/have authority to manage is/are:  Title or Capacity:	liability company of the plain this capacity. I further eduties, and I am familiar w

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.

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COATING DELIVERY TECHNOLOGY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 23, 2015, and is in good standing in this state.



Certified By: Rhonda Tuin Certificate Number: C20190325-1275 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 29, 2019.

Barbara K. Cegarske

Barbara K. Cegavske Secretary of State 119 APR 18 PH 6: 5: