

N19000009089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

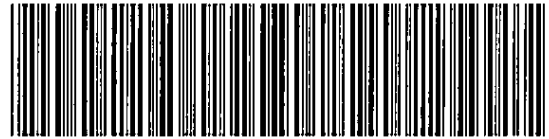
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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Y SCOTT  
SEP 20 2019

✓

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/19/2019

**\*\*WALK IN\*\***

ENTITY NAME PTE TECHNOTHERM, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 125.00

CHECK # 6623

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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. PTE Technotherm LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEL number, if applicable)
4. Upon filing  
(Date first transacted business in Florida, if prior to registration;  
See sections 605.0904 & 605.0905, F.S. to determine perjury liability)
5. 550 South Ocean Blvd  
(Street Address of Principal Office)
6. 550 South Ocean Blvd  
(Mailing Address)
- Lantana, FL 33462
- Lantana, FL 33462

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

Name: Samuel Sylversky

Office Address: 1550 South Ocean Blvd

Lantana 33462  
(City) (Zip code)

Florida

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.

Samuel Sylversky  
(Registered agent signature)

[Signature]

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Richard Bingham	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 22 Vanderwalt st	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Meyersdal 1452	<input type="checkbox"/> Authorized	_____
Person	South Africa	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Paul James Richard Bingham	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3 Robin Close Unit 4	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Meyersdal	<input type="checkbox"/> Authorized	_____
Person	South Africa	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

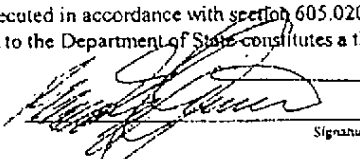
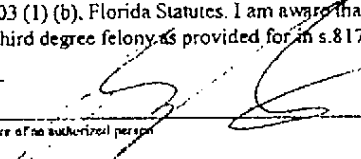
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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

	
Richard Bingham	Paul James Richard Bingham
Typed or printed name of signer	

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PTE TECHNOTHERM 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PTE TECHNOTHERM LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

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

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29 SEP 1  
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SECRETARY OF STATE  
DELAWARE, FLORIDA



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SR# 20197098410

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203620554

Date: 09-18-19