

W190000010211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

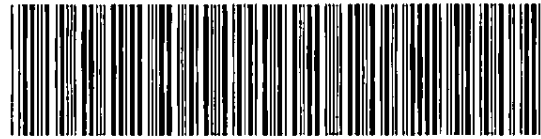
(Document Number)

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10/21/19--01002--021 **1076.25

10/24/19--01004--001 **130.00

2019 OCT 21 PM 1:07
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TALLAHASSEE, FLORIDA
2019 OCT 21 PM 4:48



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2019

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: WESTCOR TECH, LLC
Ref. Number: W19000093559

We have received your document for WESTCOR TECH, LLC and your check(s) totaling \$1076.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$180.00.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 319A00021778

Please keep original
file date
Thank you!

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/21/19

NAME: WESTCOR TECH, LLC

TYPE OF FILING: APPLICATION

COST: 1,076.25 - Check is attached

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: -ABBIE/PAUL HODGE~~

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westcor Tech, LLC

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:

Holly L. Collins, Esq.

Name of Person

Nelson Mullins Broad and Cassel

Firm/Company

390 N. Orange Avenue, Suite 1400

Address

Orlando, Florida 32801

City/State and Zip Code

dberube@wltic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly L. Collins, Esq.

407

839-4200

Name of Contact Person

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

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TALLAHASSEE, FLORIDA

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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. Westcor Tech, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3930877
(FEI number, if applicable)

4. September 22, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 875 Concourse Parkway South, Suite 200
(Street Address of Principal Office)

6. 875 Concourse Parkway South, Suite 200
(Mailing Address)

Maitland, FL 32751

Maitland, FL 32751

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

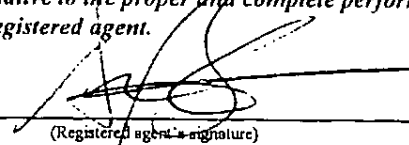
Name: Donald Berube

Office Address: 875 Concourse Parkway South, Suite 200

Maitland, Florida 32751
(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)

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TALLAHASSEE, FLORIDA

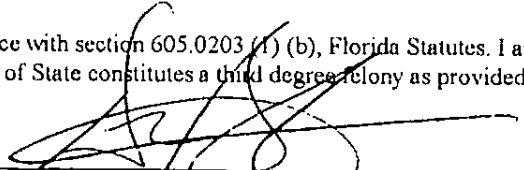
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	<u>WESTON LIND TRENCH CO.</u>		<input type="checkbox"/> Manager	Name:	<u>DONALD BERUBE</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>875 CONCOURSE PKWY</u>		<input type="checkbox"/> Member	Address:	<u>875 CONCOURSE PKWY</u>	
<input type="checkbox"/> Authorized Person		<u>MAITLAND, FL</u> <u>32751</u>		<input checked="" type="checkbox"/> Authorized Person		<u>MAITLAND, FL</u> <u>32751</u>	
<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 Person				<input type="checkbox"/> Authorized 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 Person				<input type="checkbox"/> Authorized 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 Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

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.



Signature of an authorized person
DONALD BERUBE

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 "WESTCOR TECH, 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTCOR TECH, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2016.

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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6161282 8300

SR# 20197639691

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203831174

Date: 10-21-19