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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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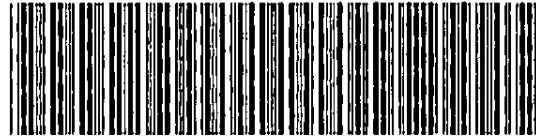
(Business Entity Name)

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2020 JAN 17 P 5:34
T. LEMIEUX
TALLAHASSEE, FLORIDA

FILED

T. LEMIEUX
JAN 20 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSI Innovation Consulting, 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:

Jennifer Jones

Name of Person

McIntyre Thanasides Bringgold Grimaldi Guito & Matthews, P.A.

Firm/Company

500 E. Kennedy Blvd. Ste. 200

Address

Tampa, FL 33602

City/State and Zip Code

jennifer@mcintyrefirm.com

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

For further information concerning this matter, please call:

Jennifer Jones

813

347-5566

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. MSI Innovation Consulting, 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3774004
(FEI number, if applicable)

4. none / not applicable
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3507 Bayshore Blvd. Unit 1601
(Street Address of Principal Office)

6. 3507 Bayshore Blvd. Unit 1601
(Mailing Address)

Tampa, FL 33629 Tampa, FL 33629

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

Name: Jennifer Jones

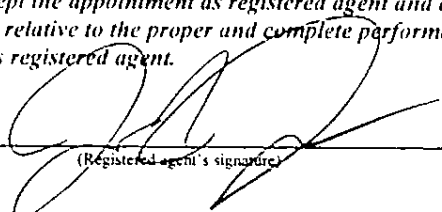
Office Address: 500 E. Kennedy Blvd. Ste. 200

Tampa, FL 33602
(City) , Florida (Zip code)

FILED
2020 JAN 17 P 5:34
TAMPA, FLORIDA
CLERK OF DISTRICT COURT

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)

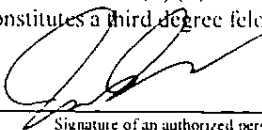
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Michael Idelchik	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3507 Bayshore Blvd. Unit 1601	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Tampa, FL 33629	<input type="checkbox"/> Authorized	_____
Person	_____	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 _____
<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 _____

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

Jennifer Jones

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that MSI INNOVATION CONSULTING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/13/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of January two
thousand and twenty.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
January 6, 2020.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

**ARTICLES OF ORGANIZATION
OF
MSI Innovation Consulting, LLC**
Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

MSI Innovation Consulting, LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is SCHENECTADY.

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

MSI Innovation Consulting, LLC
1497 Fox Hollow Road
Niskayuna, NY 12309

FOURTH: The limited liability company is to be managed by: ONE OR MORE MEMBERS.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Amy L. LaBarge, Organizer (signature)

Amy L. LaBarge, ORGANIZER
Bond, Schoeneck & King, PLLC
22 Corporate Woods Blvd., Suite 501
Albany, NY 12211

Filed by:

Amy L. LaBarge, Paralegal
Bond, Schoeneck & King, PLLC
22 Corporate Woods Blvd., Suite 501
Albany, NY 12211

**BOND, SCHOENECK & KING, PLLC (42)
DRAWDOWN**

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 12/13/2017
FILE NUMBER: 171213010481; DOS ID: 5250233**