

M2000001625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

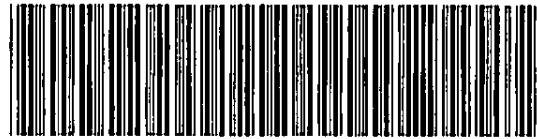
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M20000016147

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01/02/20--01003--010 **125.00

2020 FEB 11 AM 11:30

T GLASS

FEB 11 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2020

NOFISIA MORISSEAU@NETTSTECH.COM
139 NE 26 DRIVE
HOMESTEAD, FL 33033 US

SUBJECT: NETTS TECHNOLOGY LLC
Ref. Number: W20000006147

We have received your document for NETTS TECHNOLOGY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 720A00001738

2020 FEB 11 AM 11:30

Received
02/11/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NETTS TECHNOLOGY 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:

NOFISIA MORISSEAU

Name of Person

NETTS TECHNOLOGY LLC

Firm/Company

139 NE 26 DRIVE

Address

HOMESTEAD, FL 33033

City/State and Zip Code

NOFISIA.MORISSEAU@NETTSTECH.COM

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

For further information concerning this matter, please call:

NOFISIA MORISSEAU

786 3870376
at ()

Name of Contact Person

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

2015 FEB 11 11:31

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. NETTS TECHNOLOGY 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. 83-3269624
(FEI number, if applicable)

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

5. 300 DELAWARE AVE SUITE 210-A
(Street Address of Principal Office)

6. 139 NE 26 DRIVE
(Mailing Address)

WILMINGTON, DE 19801
HOMESTEAD, FL 33033

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

Name: NOFISIA MORISSEAU

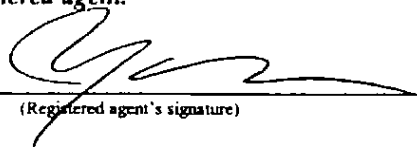
Office Address: 139 NE 26 DRIVE

HOMESTEAD, Florida 33033
(City) (Zip code)

2020 FEB 11 10:11:31

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: TAWANA RIVERS

☒ Member Address: 513 COOPER STREET

☐ Authorized LOUISVILLE, KY 40204

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: TALISHA SHINE

☒ Member Address: 4640 DAISY REID AVE #308

☐ Authorized WOODBRIDGE, VA 22192

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: EUGENIA MILLER

☒ Member Address: 23423 YEE STREET

☐ Authorized MORENO VALLEY, CA 92553

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: NOFISIA MORISSEAU

☒ Member Address: 139 NE 26 DRIVE

☐ Authorized HOMESTEAD, FL 33033

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ 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

NOFISIA MORISSEAU

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "NETTS TECHNOLOGY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTEENTH DAY OF JANUARY, A.D. 2019, AT 10:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

2020 FEB 11 11:31




Jeffrey W. Bullock, Secretary of State

7243928 8315

SR# 20200618320

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

Authentication: 202278367

Date: 01-28-20