

M20000001996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

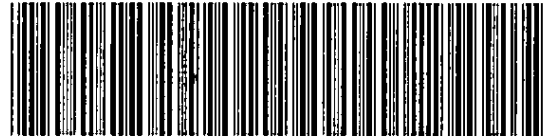
(Document Number)

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

Special Instructions to Filing Officer:

(e)20000004351

Office Use Only



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12/30/19--01033--009 \*\*130.00

2020 FEB 18 PM 12:51

T GLASS

FEB 20 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2020

CORINA POLLINI  
80SW 8 STREET SUITE 2000  
MIAMI, FL 33130 US

SUBJECT: CIT TECH LLC  
Ref. Number: W20000004351

We have received your document for CIT TECH LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P15000007556.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

2020 FEB 18 PM 12:51

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 020A00001514

2020 FEB 18 PM 12:51

RECEIVED

FEB 18 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

CTTECH LLC

**SUBJECT:** \_\_\_\_\_  
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:

Corina Pollini

\_\_\_\_\_  
Name of Person

CTTECH LLC

\_\_\_\_\_  
Firm/Company

80SW 8 street suite 2000

\_\_\_\_\_  
Address

Miami FL 33130

\_\_\_\_\_  
City/State and Zip Code

corinapollini@gmail.com

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

For further information concerning this matter, please call:

Corina Pollini

786

9426828

\_\_\_\_\_  
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

2020 F. 18 F. 12:51

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:

CIT TECH LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CIT TECH SPORTS 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."

DELAWARE

84318772

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

3. \_\_\_\_\_  
(FEI number, if applicable)

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

80 SW 8street Suite 2000

80 SW 8street Suite 2000

5. \_\_\_\_\_  
(Street Address of Principal Office)

Miami Fl 33130

6. \_\_\_\_\_  
(Mailing Address)

Miami Fl 33130

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

Mleon Pro Business Talks Inc

Name: \_\_\_\_\_

401 E Las Olas Blvd Suite 130-183

Office Address: \_\_\_\_\_

Fort Lauderdale

33301

(City)

, Florida \_\_\_\_\_  
(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)  
YARISWA LEON

2020 Feb 18 PM 12:51

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: Corina Pollini  
☒ Member Address: 80Sw 8st Suite 2000  
☐ Authorized Miami FL 33130  
Person  
☐ Other ☐ Other

☐ Manager Name:   
☐ Member Address:   
☐ Authorized   
Person   
☐ Other ☐ Other

☐ Manager Name:   
☐ Member Address:   
☐ Authorized   
Person   
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**  
☒ Manager Name: Mariana Leon  
☐ Member Address: 80Sw 8st Suite 2000  
☐ Authorized Miami FL 33130  
Person  
☐ Other ☐ Other

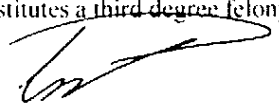
☐ Manager Name:   
☐ Member Address:   
☐ Authorized   
Person   
☐ Other ☐ Other

☐ 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

Corina Pollini

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIT 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIT TECH LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2019.

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

2020 FEB 18 PM 12:51



A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7627313 8300

SR# 20201095334

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202382892

Date: 02-13-20