(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:	

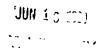
Office Use Only



900344937689

05/22/20--01016--012 ++160.00





536/1 WD .536/1

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	SOUTHEAST REGIONAL TECHNOLO	GY GROUP LLC
0000		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this matter	to the following:
	RAJIV SRIVASTAVA	
		Name of Person
	SOUTHEAST REGIONAL TECHNO	OLOGY GROUP LLC
		Firm/Company
	1800 ST ANDREWS WAY	
		Address
	PHENIX CITY - 36867	
		City/State and Zip Code
	RSRIVASTAVA@SERTG.COM	
	E-mail address: (to b	be used for future annual report notification)
For furt	her information concerning this matter, please ca	all:
	RAJIV SRIVASTAVA	706 9059955 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE
	□ \$125.00 Filing Fee □ \$130.00 Filing F Certificate	ee & 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate



June 2, 2020

RAJIV SRIVASTAVA 1800 ST ANDREWS WAY PHENIX CITY, AL 36867

SUBJECT: SOUTHEAST REGIONAL TECHNOLOGY GROUP LLC

Ref. Number: W20000053671

We have received your document for SOUTHEAST REGIONAL TECHNOLOGY GROUP LLC and your check(s) totaling \$160.00. 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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 720A00010863

RECEIVED
JUN 1 0 2020

# 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: SOUTHEAST REGIONAL TECHNOLOGY GROUP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") **SERTG 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.") (Jurisdiction under the law of which foreign limited liability company is organized) 05/19/2020 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1800 ST ANDREWS WAY 1800 ST ANDREWS WAY (Street Address of Principal Office) PHENIX CITY PHENIX CITY AL - 36867 AL - 36867 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT CORPORATION SYSTEM Name: 1200 SOUTH PINE ISLAND ROAD Office Address: PLANTATION (City) Registered agent's acceptance: Yaving been named as registered agent and to accept service of process for the above stated limited liability company at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Fam familiar with nd accept the obligations of my position as registered agent. Jessica Hale - Asst. Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address
∃Manager	Name: RAJIV SRIVASTAVA	<b>■</b> Manager	Name: ERIC MAYOTTE
□Member	Address:	□Member	Address: 3985 ARKWRIGHT RD
■Authorized	PHENIX CITY, AL 36867	□Authorized	UNIT 106
Person		Person	MACON, GA 31210
Other	□Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

- 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted 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 RAJIV SRIVASTAVA CEO
Typod or printed name of signee

Control Number: 19013670

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# Southeast Regional Technology Group, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19148783
Date Inc/Auth/Filed: 01/28/2019
Jurisdiction : Georgia
Print Date : 05/19/2020
Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State