

6/1/2021

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**

Avtec, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 065.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Avtec, L.L.C.  
(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. South Carolina 3. 57-0687198  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/27/2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 065.0904 & 065.0905, 1 & 2 to determine penalty liability)

5. 100 Innovation Place 6. Attn: MSI Tax Team, Floor 44  
(Street Address of Principal Office) (Mailing Address)  
Lexington, South Carolina 29072 500 West Monroe Street  
Chicago, Illinois 60661

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation 33324  
Florida  
(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.

By: C T Corporation System Tracy Kellner Tracy Kellner- Assistance secretary  
(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 type="checkbox"/> Manager	Name: <u>Jason Winkler</u>	<input type="checkbox"/> Manager	Name: <u>John (Jack) Molloy</u>
<input type="checkbox"/> Member	Address: <u>500 West Monroe Street</u>	<input type="checkbox"/> Member	Address: <u>500 West Monroe Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Chicago, Illinois 60661</u>	<input checked="" type="checkbox"/> Authorized	<u>Chicago, Illinois 60661</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Daniel Pekniske</u>	<input type="checkbox"/> Manager	Name: <u>Uygur Gazioglu</u>
<input type="checkbox"/> Member	Address: <u>500 West Monroe Street</u>	<input type="checkbox"/> Member	Address: <u>500 West Monroe Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Chicago, Illinois 60661</u>	<input checked="" type="checkbox"/> Authorized	<u>Chicago, Illinois 60661</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Kristin Kruska</u>	<input type="checkbox"/> Manager	Name: <u>John Kedzierski</u>
<input type="checkbox"/> Member	Address: <u>500 West Monroe Street</u>	<input type="checkbox"/> Member	Address: <u>500 West Monroe Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Chicago, Illinois 60661</u>	<input checked="" type="checkbox"/> Authorized	<u>Chicago, Illinois 60661</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.817.135, F.S.

Kristin L. Kruska

signature of an authorized person

Kristin L. Kruska

Typed or printed name of signer

# *The State of South Carolina*



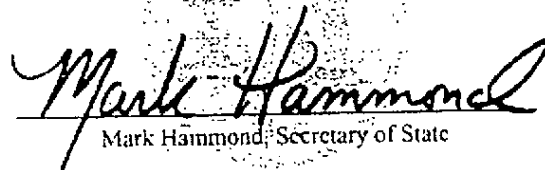
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

AVTEC, LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 1st, 1979, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 21st day  
of May, 2021.

  
Mark Hammond, Secretary of State