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Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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

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**Foreign Limited Liability Company
ComTec Solutions, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2021 DEC 13 AM 10:15
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S. FRANKLIN
DEC 14 2021

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. ComTec Solutions, 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. 72-1566670
(FEI number, if applicable)

4. 11/1/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 65 Elmgrove Park
(Street Address of Principal Office)

6. Same
(Mailing Address)

Rochester, NY 14624

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

Name: CT Corporation System

Office Address: 1200 South Pine Island

Plantation, Florida 33324
(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.

Rachel O'Connor

Rachel O'Connor - Assistant Secretary

(Registered agent's signature)

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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: Robert Moyer	<input checked="" type="checkbox"/> Manager	Name: Robert Bellanti
<input checked="" type="checkbox"/> Member	Address: 65 Elmgrove Park	<input type="checkbox"/> Member	Address: 65 Elmgrove Park
<input type="checkbox"/> Authorized	Rochester, NY 14624	<input type="checkbox"/> Authorized	Rochester, NY
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.317.155, F.S.

Robert Bellanti, as Director of Finance
Signature of an authorized person

Robert Bellanti, Director of Finance

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected

Entity Name: COMTEC SOLUTIONS, LLC
DOS ID Number: 2599635
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/29/2001
Statement Status: CURRENT
Statement Due Date: 01/31/2023

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I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 01/29/2001
Entity Name: COM TEC SOLUTIONS OF NY, LLC

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 03/30/2001

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 03/30/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/29/2003
Effective Date: 01/01/2003

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/28/2005
Effective Date: 01/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/09/2007
Effective Date: 01/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/12/2009
Effective Date: 01/01/2009

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 08/27/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/06/2011
Effective Date: 01/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/25/2013
Effective Date: 01/01/2013

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 10/09/2014
Name Changed To: COMTEC SOLUTIONS, LLC

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/15/2015
Effective Date: 01/01/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/05/2017
Effective Date: 01/01/2017

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Document Type: BIENNIAL STATEMENT
Date of Filing: 01/14/2019
Effective Date: 01/01/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/05/2021
Effective Date: 01/01/2021

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No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on December 09, 2021
at 03:21 P.M.



BRENDAN C. HUGHES, Acting Secretary of State

Brendan C. Hughes