

M22000014432



200391334402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

07/21/22--01011--024 **27.50

09/07/22--01017--021 **72.50

Special Instructions to Filing Officer:

Rec'd
9-15-22

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2022 SEP 15 PM 2:15
CLERK OF SUPERIOR COURT
COUNTY OF STAFFORD
1000 ANNE STREET, 1ST FLOOR
LITTLE ROCK, AR 72202

SEP 16 2022
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPERIENCED IT SOLUTIONS 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:

JOSEPH CORTESI
Name of Person

EXPERIENCED IT SOLUTIONS LLC
Firm/Company

10901 VERAWOOD DR #
Address

RIVERVIEW FL 33579
City/State and Zip Code

JOE@EXPERIENCEDITSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 SEP 15 PM 2:15

FILED

For further information concerning this matter, please call:

JOSEPH CORTESI at (908) 251-4420
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

(CHECK FOR BALANCE DUE \$ 72)

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. EXPERIENCED IT 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. SOMERSET COUNTY, RARITAN NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82 1369220
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 19 ESOMERSET ST
(Street Address of Principal Office)

6. 19 E SOMERSET ST
(Mailing Address)

RARITAN NJ 09869

RARITAN NJ 08869

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

Name: JOSEPH CARTESE

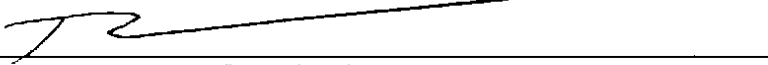
Office Address: 10901 VERANO DR

RIVERVIEW, Florida 33579
(City) (Zip code)

2022 SEP 15 PM 2:15
SECRETARY OF STATE
ARTS & RECREATION

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]:

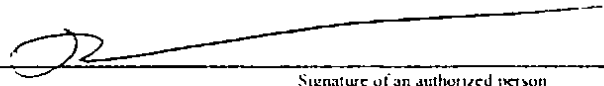
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>JOSEPH CORTESE</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>10901 VERANO DR</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>RIVERVIEW FL 33579</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2022 SEP 15 PM 2:15
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

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

JOSEPH CORTESE

 Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

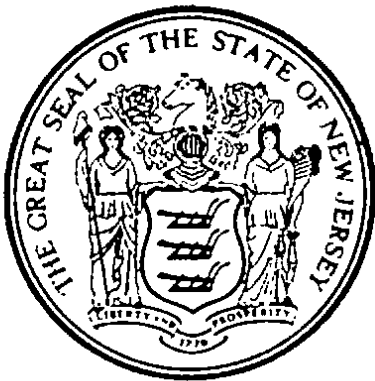
**EXPERIENCED IT SOLUTIONS LLC
0450163905**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 01, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*JOSEPH CORTESE
19 E SOMERSET ST
RARITAN, NJ 08869-2101*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of July, 2022*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2648329372

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2022

JOSEPH CORTESE
EXPERIENCED IT SOLUTIONS LLC
10901 VERAWOOD DR
RIVERVIEW, FL 33579

SUBJECT: EXPERIENCED IT SOLUTIONS LLC
Ref. Number: W22000099171

We have received your document for EXPERIENCED IT SOLUTIONS LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the
name, title or capacity and address of at least one person who has the authority
to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 422A00019950

*SORRY FOR THE ERRORS AND MISSING INFORMATION
THANK YOU SO MUCH FOR YOUR HELP!*

JOSEPH CORTESE

RECEIVED
SEP 15 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2022

JOSEPH CORTESE
EXPERIENCED IT SOLUTIONS LLC
10901 VERAWOOD DR
RIVERVIEW, FL 33579

SUBJECT: EXPERIENCED IT SOLUTIONS LLC
Ref. Number: W22000099171

We have received your document for EXPERIENCED IT SOLUTIONS LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50.

The form you submitted is for a Foreign corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 922A00016990