12/16/22, 1:52 PM Division of Corporations

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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 : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: Taxes@SBSBattery.com

Foreign Limited Liability Company

Elite Tech, LLC

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

Electronic Filing Menu Corporate Filing Menu Help S. ROBERTS

DEC 19 2022

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. Elite Tech, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Elite Tech II, 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. Pennsylvania
(Jurisdiction under the laws 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 and 605.0905, F.S. to determine penalty liability.)

5. 355 Douglas Road East
(Street Address of Principal Office)
Oldsmar/ Florida/ 34677

6. 355 Douglas Road East
(Mailing Address)
Oldsmar/ Florida/ 34677

2022 DEC 16 AM 11:19

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 (City), Florida 33324 (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: Denise Bell
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑Manager	Name: Jacob Walker	☑Manager	Name: Steven Boyack
☐Member	Address: N56W16665 Ridgewood Dr.,	☐Member	Address: N56W16665 Ridgewood Dr.
☐Authorized	Menomonee Falls, WI, 53051-5672	☐Authorized	Menomonee Falls, WI, 53051-5672
Person		Person	
☐Other	☐Other	☐Other	☐Other
☒Manager	Name: Robert J. Fitzsimmons	☒Manager	Name: Robert C. Nolan, Jr.
☐Member	Address: N56W16665 Ridgewood Dr.	☐Member	Address: N56W16665 Ridgewood Dr.
☐Authorized	Menomonee Falls, WI, 53051-5672	☐Authorized	Menomonee Falls, WI, 53051-5672
Person		Person	
☐Other	☐Other	☐Other	☐Other
☒Manager	Name: Nicholas W. Martino	☐Manager	Name:
☐Member	Address: N56W16665 Ridgewood Dr.	☐Member	Address:
☐Authorized	Menomonee Falls, WI, 53051-5672	☐Authorized	
Person		Person	
☐Other	☐Other	☐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

Steven Boyack, CFO

Typed or printed name of signee

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	Elite Tech, LLC
Request Type:	Subsistence Certificate
Request No.:	003356623
Receipt No.:	000221470
Filing Type:	Domestic Limited Liability Company
Filing Subtype:	Limited Liability Company
Initial Filing Date:	June 29, 2022
Status:	Active

Issuance Date: October 24, 2022
File No.: 0007556805

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Elite Tech, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvainia are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Leigh M. Chapman

Leigh M. Chapman
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov