

12/16/22, 1:52 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
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

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Help S. ROBERTS

DEC 19 2022

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

IN COMPLIANCE WITH SECTION 605.04(2), 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.")

Pennsylvania

2. (State or foreign jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.04(1) & 605.0905, F.S., to determine penalty liability.)

355 Douglas Road East

355 Douglas Road East

5. (Street Address of Principal Office)

6. (Mailing Address)

Oldsmar/ Florida/ 34677

Oldsmar/ Florida/ 34677

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

(City)

Florida

(Zip code)

2022 DEC 16 PM 1:19

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: _____

Devin Bell

(Registered agent's signature)

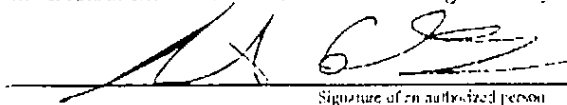
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

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

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 & printed name of signer

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 **Issuance Date:** October 24, 2022
Request No.: 003356623 **File No.:** 0007556805
Receipt No.: 000221470
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: June 29, 2022
Status: Active

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 Pennsylvania are paid.



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