

12/21/22, 5:11 PM

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 : 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: ar@precisionlaserspecialist.com

Foreign Limited Liability Company 2M Precision Laser Specialist, LLC

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

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S. ROBERTS

DEC 27 2022

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN (LIMITED LIABILITY COMPANY) TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 2M Precision Laser Specialist, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Delaware 3. 84-4526825
(Jurisdiction under the law of which foreign limited liability company is organized) (EIT number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.0905, F.S., to determine pending liability)

5. 712 Telser Rd. 6. 712 Telser Rd
(Street Address of Principal Office) (Mailing Address)

Lake Zurich, IL 60047 Lake Zurich, IL 60047

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

Name, C T Corporation System

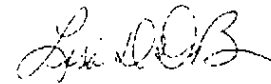
Office Address, 1200 South Pine Island Road

Plantation, 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.

By: C T Corporation System
Lisa DuBois, Assistant Secretary
(Registered agent's signature)



2022-12-22 AM 10:35

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>Michael Kober</u>	<input type="checkbox"/> Manager	Name: <u>Michael Fields</u>
<input type="checkbox"/> Member	Address: <u>712 Telser Rd</u>	<input type="checkbox"/> Member	Address: <u>712 Telser Rd</u>
<input checked="" type="checkbox"/> Authorized	<u>Lake Zurich, IL 60047</u>	<input checked="" type="checkbox"/> Authorized	<u>Lake Zurich, IL 60047</u>
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Nora Broz</u>	 <input type="checkbox"/> Manager	Name: <u>Sandra Davern</u>
<input type="checkbox"/> Member	Address: <u>712 Telser Rd</u>	<input type="checkbox"/> Member	Address: <u>712 Telser Rd</u>
<input type="checkbox"/> Authorized	<u>Lake Zurich, IL 60047</u>	<input type="checkbox"/> Authorized	<u>Lake Zurich, IL 60047</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Kevin Rodgers</u>	 <input type="checkbox"/> Manager	Name: <u>David Ohland</u>
<input type="checkbox"/> Member	Address: <u>712 Telser Rd</u>	<input type="checkbox"/> Member	Address: <u>712 Telser Rd</u>
<input checked="" type="checkbox"/> Authorized	<u>Lake Zurich, IL 60047</u>	<input checked="" type="checkbox"/> Authorized	<u>Lake Zurich, IL 60047</u>
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	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 817.155, F.S.

Michael Kober

Signature of an authorized person

Michael Kober

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2M PRECISION LASER SPECIALIST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7822867 8300

SR# 20224334366

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205155138

Date: 12-21-22