

M23000010952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

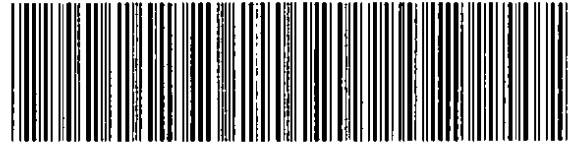
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/31/23--01041--009 \*\*87.50

08/21/23--01014--022 \*\*37.50

FILED  
2023 AUG 22 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

W23-10556



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2023

RENEE CURRERI  
1733 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL US

SUBJECT: VIACODE CONSULTING LLC  
Ref. Number: W23000106556

We have received your document for VIACODE CONSULTING 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):

The form you submitted is for a corporation, but your entity is a 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.

Ariel Jones  
Regulatory Specialist II

Letter Number: 723A00017659

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIACode Consulting LLC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Renee Curren  
Name of Person  
VIACode Consulting LLC  
Firm/Company  
1733 Harrington Park Drive  
Address  
Jacksonville, FL  
City/State and Zip code  
renee.curren@viacode.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Curren at ( 443 ) 995-8997  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. VIAcode Consulting LLC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut

(State or country under the law of which it is incorporated)

3. 06-1613147

(FEI number, if applicable)

4. 11/07/2000

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. 07/24/2023

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 35 E Main Street #352, Avon, CT 06001

(Principal office street address)

(Current mailing address, if different)

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

Name: Michael P Curreri

Office Address: 1733 Harrington Park Drive

Jacksonville

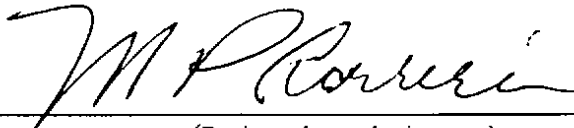
(City)

, Florida 32225

(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

CT Certificate of Legal Existence


11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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2023 AUG 22 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

## A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>Michael P Curreri</u>	<input type="checkbox"/> Chairman	Name: <u>Alexandre Zakonov</u>
<input type="checkbox"/> Vice Chairman	Address: <u>1733 Harrington Park Drive; Jacksonville, FL 32225</u>	<input type="checkbox"/> Vice Chairman	Address: <u>6037 108th Ave.; Kirkland, WA 98033</u>
<input checked="" type="checkbox"/> Director	_____	<input checked="" type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: <u>Victor Mushkatin</u>	<input type="checkbox"/> Chairman	Name: <u>William Scott Harris</u>
<input type="checkbox"/> Vice Chairman	Address: <u>4581 Lake Washington Blvd NE Apt 104; Kirkland, WA 98033</u>	<input type="checkbox"/> Vice Chairman	Address: <u>15037 Scottswood Ct; Woodbine, MD 21797</u>
<input checked="" type="checkbox"/> Director	_____	<input checked="" type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input checked="" type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: <u>Stephen Pelletier</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>829 Jerome Ave; Bristol, CT 06010</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<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.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MICHAEL P CURRERI CHAIRMAN BOARD OF DIRECTORS  
(Typed or printed name and capacity of person signing application)

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, July 24, 2023 3:29 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

### Business Details

Business Name VIACODE CONSULTING LLC

Business ALEI US-CT.BER:0665511

Formation Date 11/07/2000

### Filing History

<i>Filing Type</i>	<i>Filing Date &amp; Time</i>	<i>Effective Date &amp; Time</i>
Certificate of Organization	11/7/2000	
Annual Report(2001)	5/16/2002	
Annual Report(2002)	12/9/2002	
Annual Report(2003)	12/8/2003	
Amend Name	4/16/2004	
Name changed from: AVICODE LLC		
To: AVICODE CONSULTING LLC		
Annual Report(2004)	11/19/2004	
Annual Report(2005)	11/14/2005	
Annual Report(2006)	11/21/2006	
Annual Report(2007)	11/26/2007	
Annual Report(2008)	11/19/2008	
Annual Report(2009)	11/18/2009	

Business ALEI: US-CT.BER:0665511

Certificate Number: C-00101687

Note: To verify this certificate, visit [Business.ct.gov](http://Business.ct.gov)

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

Amend Name	10/5/2010	
Name changed from: AVICODE CONSULTING LLC		
To: VIACODE CONSULTING LLC		
Annual Report(2010)	11/24/2010	
Designation Of Address	3/10/2011	
Annual Report(2011)	11/9/2011	
Annual Report(2012)	10/17/2012	
Interim Notice	4/18/2013	
Annual Report(2013)	10/30/2013	
Annual Report(2014)	11/5/2014	
Interim Notice	6/8/2015	
Annual Report(2015)	3/4/2016	
Annual Report(2016)	11/10/2016	
Annual Report(2017)	10/20/2017	
Annual Report(2018)	2/12/2018	
Annual Report(2019)	2/25/2019	
Annual Report(2020)	3/12/2020	
Annual Report(2021)	2/2/2021	
Annual Report(2022)	02/15/2022 10:28 AM	
Annual Report(2023)	01/05/2023 10:28 AM	
Business Address Change	03/27/2023 10:52 AM	03/27/2023 10:52 AM

Business ALEI: US-CT.BER:0665511

Certificate Number: C-00101687

Note: To verify this certificate, visit [Business.ct.gov](https://business.ct.gov)

**Secretary of the State of Connecticut**  
**Certificate of Legal Existence**

Certificate of Legal Existence Certificate



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Secretary of the State

Business ALEI: US-CT.BER:0665511

Note: To verify this certificate, visit [Business.ct.gov](http://Business.ct.gov)

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Certificate Number: C-00101687