

M24000008489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

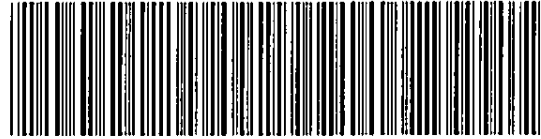
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JUL 02 2024

K. Brumbley

MS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 528749 8270912

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : July 1, 2024

ORDER TIME : 9:44 AM

ORDER NO. : 528749-010

CUSTOMER NO: 8270912

FOREIGN FILINGS

NAME: SPECTO TECHNOLOGY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPECTO TECHNOLOGY 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:

PAUL SOMER

Name of Person

SPECTO TECHNOLOGY LLC

Firm/Company

1061 EAST ELIZABETH AVENUE

Address

LINDEN, NJ 07036

City/State and Zip Code

PAUL.SOMER@SPECTOTECHNOLOGY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL SOMER

866

925-7737

Name of Contact Person

at ()

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

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. SPECTO TECHNOLOGY, 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. NEW JERSEY 3. 46-2998237
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/28/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1061 EAST ELIZABETH AVENUE 6. 1061 EAST ELIZABETH AVENUE
(Street Address of Principal Office) (Mailing Address)

LINDEN, NEW JERSEY LINDEN, NEW JERSEY

07036 07036

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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.

Corporation Service Company

By: Shauna Godbolt

2024 JUN - 2 PM 1:01

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:**

☐ Manager Name: EDMUND KIRBY

☒ Member Address: 9 PLYMOUTH AVE

☐ Authorized MAPLEWOOD

Person NJ 07040

☐ Other ☐ Other

☐ Manager Name: ERIC BOUCHER

☒ Member Address: 668 BOGERT ROAD

☐ Authorized RIVER EDGE

Person NJ 07661

☐ Other ☐ Other

☐ Manager Name: TYREE WILLIAMS

☒ Member Address: 3 WEST 120TH STREET

☐ Authorized NEW YORK

Person NY 10027

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: HAI-TIEN YU

☒ Member Address: 11 GRANGE ROAD

☐ Authorized PENNINGTON

Person NJ 08534

☐ Other ☐ Other

☐ Manager Name: MICHAEL POCOCK

☒ Member Address: 176 CLINTON AVE

☐ Authorized BROOKLYN

Person NY 11205

☐ Other ☐ Other

☐ Manager Name: HAROON RASHID

☒ Member Address: 6606 RESERVES HILL CT

☐ Authorized ANNANDALE

Person VA 22003

☐ 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

EDMUND KIRBY

Typed or printed name of signer 528749-10

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

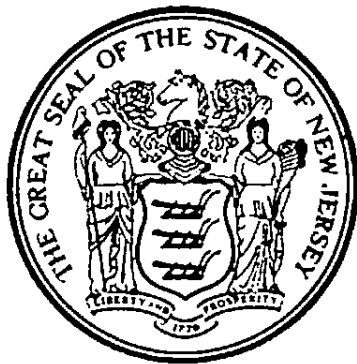
SPECTO TECHNOLOGY, L.L.C.
0600399900

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 28, 2013.

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:

EDMUND KIRBY
1061 E ELIZABETH AVE
LINDEN, NJ 07036



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
1st day of July, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6154904930

Verify this certificate online at

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