

M2S 0000 10379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

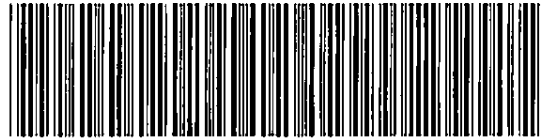
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800453563288

07/16/25--01011--007 **125.00

FILED
2025 JUL 16 AM 10:43
DE STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Volt Plus 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:

Christopher L. Casey
Name of Person

Volt Plus LLC
Firm/Company

459 E. 16th Street
Address

Jacksonville, FL 32206
City/State and Zip Code

legal@swisher.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Pinto at (904) 416-3518
Name of Contact Person 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

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOLT PLUS 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 TENTH DAY OF JULY, A.D. 2025.

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



10214859 8300

SR# 20253327628

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

A handwritten signature in cursive script, reading "C. B. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204164737

Date: 07-10-25

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. Voit Plus 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. [39-3064128 EIN]
(FEI number, if applicable)

4. 8/1/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Voit Plus LLC
(Street Address of Principal Office)

6. Voit Plus LLC
(Mailing Address)

459 E. 16th St.

459 E. 16th St.

Jacksonville, FL 32206

Jacksonville, FL 32206

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

Name: Christopher L. Casey

Office Address: 459 E. 16th St.

Jacksonville . Florida 32206
(City) (Zip code)

FILED
2025 JUL 16 AM 10:43
FLORIDA SECRETARY OF STATE

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.

[Signature]
(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:**

☐ Manager Name: Neil Kiely

☐ Member Address: 459 E. 16th St.

☐ Authorized Jacksonville, FL 32206

Person _____

☒ Other Vice President ☐ Other _____

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

☐ Manager Name: Howard Romanow

☐ Member Address: 459 E. 16th St.

☐ Authorized Jacksonville, FL 32206

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: David Lautenschlaeger

☐ Member Address: 459 E. 16th St.

☐ Authorized Jacksonville, FL 32206

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Christopher L. Casey

☐ Member Address: 459 E. 16th St.

☐ Authorized Jacksonville, FL 32206

Person _____

☒ Other Vice President ☒ Other Secretary

☐ Manager Name: Anthony Cipriano

☐ Member Address: 459 E. 16th St.

☐ Authorized Jacksonville, FL 32206

Person _____

☒ Other Vice President ☒ Other Assistant Secretary ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

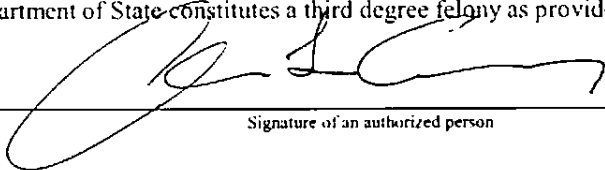
Person _____

☐ 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

CHRISTOPHER L. CASEY

Typed or printed name of signer