

18/2021

Division of Corporations

Page 2 of 5

M2100002401503790

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000240150 3)))



H210002401503ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kathy@apiprocessing.com

FILED
2021 JUN 21 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FL

Foreign Limited Liability Company
PrescientCo LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

SA

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. PrescientCo LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 86-3048443
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 14401 West 65th Way, Unit B 6. 14401 West 65th Way, Unit B
(Street Address of Principal Office) (Mailing Address)

Arvada, CO 80004 Arvada, CO 80004

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

Name: Corporation Service Company
Office Address: 1201 Hayes Street
Tallahassee, Florida 32301
(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.

Aleya Smith Aleya Smith, Assistant Secretary
(Registered agent's signature)

FILED
2021 JUN 21 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FL

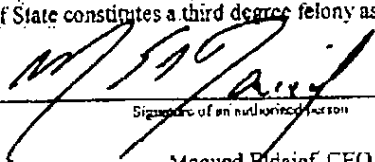
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Magued Eldaief</u>	☐ Manager	Name: _____
☐ Member	Address: <u>14401 West 65th Way, Unit B</u>	☐ Member	Address: _____
☐ Authorized	<u>Arvada, CO 80004</u>	☐ Authorized	_____
Person	_____	Person	_____
☒ Other <u>CEO</u>	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>David Nucifora</u>	☐ Manager	Name: _____
☐ Member	Address: <u>14401 West 65th Way, Unit B</u>	☐ Member	Address: _____
☐ Authorized	<u>Arvada, CO 80004</u>	☐ Authorized	_____
Person	_____	Person	_____
☒ Other <u>CFO</u>	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: <u>Prescienton Holdings, LLC</u>	☐ Manager	Name: _____
☐ Member	Address: <u>14401 West 65th Way, Unit B</u>	☐ Member	Address: _____
☐ Authorized	<u>Arvada, CO 80004</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ 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
Magued Eldaief, CEO

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 THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "PRESCIENTCO INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "PRESCIENTCO INC." TO "PRESCIENTCO LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF APRIL, A.D. 2021, AT 6:53 O'CLOCK P.M.



5050824 8100V
SR# 20211707068

You may verify this certificate online at corp.delaware.gov/authvcr.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 in a small font.

Authentication: 203175849

Date: 05-11-21

H21000240150 3