

B22000000 SOS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

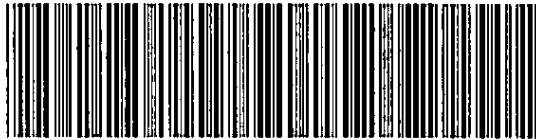
(Business Entity Name)

(Document Number)

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

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2022 OCT 12 PM 5:49  
STATE OF CALIFORNIA

OCT 20 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Decision Optimization Technology - United States, L.P.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Erin Calcari

Contact Person

Decision Optimization Technology - United States, L.P.

Firm/Company

1525 S. Sixth St.

Address

Springfield, IL 62703

City, State and Zip Code

ecalcari@hanson-inc.com

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

For further information concerning this matter, please call:

Erin Calcari at ( 217 ) 502-4160  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  
 \$1,008.75 Filing Fees and Certificate of Status  
 \$1,052.50 Filing Fees and Certified Copy  
 \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. Decision Optimization Technology - United States, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware State or Country of Formation      3. 4/2/21 Date of Formation

4. Federal Employer Identification Number. 86-3158969

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporate Service Company (CSC)  
\_\_\_\_\_  
1201 Hays Street  
\_\_\_\_\_  
Tallahassee, FL 32301-2525  
\_\_\_\_\_

6. 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.

Attest:

\_\_\_\_\_  
Signature of Registered Agent

7. Principal Office:  
1525 S. Sixth St.  
\_\_\_\_\_  
Springfield, IL 62703  
\_\_\_\_\_

8. Mailing Address:  
1525 S. Sixth St.  
\_\_\_\_\_  
Springfield, IL 62703  
\_\_\_\_\_

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Decision Optimization Technology - U  
\_\_\_\_\_  
Street Address: 1525 S. Sixth St.  
\_\_\_\_\_  
Springfield, IL 62703  
\_\_\_\_\_  
Mailing Address: 1525 S. Sixth St.  
\_\_\_\_\_  
Springfield, IL 62703  
\_\_\_\_\_

Name of General Partner: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Name of General Partner: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_


11. **Effective date, if other than the date of filing:** September 7, 2022

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signed this 7th day of September, 2022

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DECISION OPTIMIZATION TECHNOLOGY - UNITED STATES, L.P." 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 SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DECISION OPTIMIZATION TECHNOLOGY - UNITED STATES, L.P." WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2021.



5785531 8300

SR# 20223578400

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204443473

Date: 09-21-22