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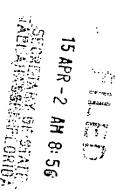
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: <u>Do Cupace Technologies LLC</u>
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:
Michael Pinsker
Name of Person
Locurace Technologies IC.
Firm/Company
2001 S. BARRING FOR ALC #215
Address
Les Angeles CA 90025
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report normeation)
For further information concerning this matter, please call:
Name of Contact Person at (3/0) 445-7722 ex/601
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Boxed{130.00}\$\$\$ \$1000000000000000000000000000000000000

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. Docupace Technologies LC. (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. <u>Jelulare</u> (Jurisdiction under the law of which foreign limited liability 3. <u>J6-9796168</u> (FEI number, if applicable)
company is organized)
1. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2001 S. BARRINGTON AVE #215
La Angeles (A 30025
(Street Address of Principal Office)
5. 2001 S. BARRINGTON AVE \$215 5
Los Angoles CA 20025
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
manage CO manage
Michael PINSKER (CEO) - 2001 S. BANKING for
Ave #215, LA CA 90025
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I meaware 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.)
Michael Piasker
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Localite Technologies Lie	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are: Shake	
Florida Street Address (P.O. Box NOT ACONTABLE) RUSKIN FL 33570 City/State/Zip RESERVED AND STATE OF THE S	2 1 1 m
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 certificate, I hereby accept the appointment agent registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Florida Statutes.	
Marca & Josephine	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOCUPACE TECHNOLOGIES, 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 FIFTH DAY OF FEBRUARY, A.D. 2015.

Taraca:

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Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 2095584

DATE: 02-05-15

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