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SEURETARY OF STATE TALLAHASSEE, FLORIDA

K. SALY EXAMINER

FEB - 2

#### COVER LETTER

TO:		ration Section n of Corporation	ıs				
SUBJ		OMetrics, LLC	Name of I	Limited Liability (	Company	<del> </del>	
						insact Business in Florida," Certificate of company to transact business in Florida	
Please	return all	correspondence of	concerning this matter to the	following:			
		Florian Hafner				•	
		·	Na	ame of Person	<del></del>	<del></del>	
		GOMetrics, LI	.c				
Firm/Company						***	
		Unit 8500, Box	3021				
		Address					
		DPO, AE 0964	2				
City/State and Zip Code							
		fhafner@go-met	rics.com				
			E-mail address: (to be used	l for future annual	report not	ification)	
For fu	rther infor	mation concernin	g this matter, please call:				
	Floria	n Hafner		703 at (	652-92	36	
		Name o	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclos		eck for the follow 5.00 Filing Fee	ring amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company, "ILLC," 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.")  (Virginia  (Jurightiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.)  (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  5. 12001 Research Parkway, Suite 236  Orlando, FL 32826  (Street Address of Principal Office)  6. 4870 South Atlantic Ave., #207  New Smyrna Beach, FL 32169  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Mr. Bernhard Hafner  Office Address:  (City)  New Smyrna Beach  (City)  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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with an accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Dr. Florian Hafner, President, Unit 8500, Box 3021, DPO AE 09642	1. GOMetrics, LLC			
Liability Company," "L.L.C." or "LLC.")  Virginia  (Jurisdiction under the law of which foreign limited liability  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  12001 Research Parkway, Suite 236  Orlando, Fl. 32826  Orlando, Fl. 32826  (Street Address of Principal Office)  New Smyrna Beach, Fl. 32169  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  New Smyrna Beach  New Smyrna Beach  New Smyrna Beach  (City)  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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Dr. Florian Hafner, President, Unit 8500, Box 3021, DPO AE 09642	(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "L	LC.")
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	•	• • • • • • • • • • • • • • • • • • • •	•	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the				
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9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the				<del></del>
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)			is the foreign language, a translation of the	ic conficate under bath
Signature of an authorized person		Signature of an avail	norized person	
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.	This document is executed	l in accordance with section 605.0203 (1)	(b), Florida Statutes. I am aware that any f	alse information
FLORIAN HAFNER	subilitied in a document to	·	<u> </u>	)), r. <b>3</b> .

Typed or printed name of signee

# Commonwealth of Hirginia



# State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That GOMetrics, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 5, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

NEEB -1 PH 3: 20



Signed and Sealed at Richmond on this Date: December 30, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1512305335