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## **COVER LETTER**

		tration Section ion of Corporation	15				
SUBJEC	CT:	SRA Associates, l	LLC				
			Name of	Limited Liability Co	mpany		
The encl Existence	losed " re, and	Application by For check are submitte	eign Limited Liability Com d to register the above refer	pany for Authorization enced foreign limited	on to Tra d liability	insact Business in Florida," Cert y company to transact business i	tificate of in Florida.,
Please re	eturn a	Il correspondence c	oncerning this matter to the	following:			
			LaKis	ha Long			
			N	ame of Person			
			Cornerstone S	Support, Inc.			
			F	irm/Company			
			70 Mansell Co	ourt, Suite 250			
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	***************************************	Address			
			Roswell, GA 3	0076			
			City/S	state and Zip Code			
			llong@co	rnerstonesupport.	com	,	
			E-mail address: (to be use	d for future annual re	eport not	ilication	
For furth	ier intè	rmation concerning	g this matter, please call.				
1	Corner	stone Support, Inc. A	Attn: LaKisha Long	at ( 678 )	740 -	0501	
			f Contact Person	Aren Code	Day	time Telephone Number	
	Divisi Regist P.O. I	LING ADDRESS: on of Corporations tration Section Box 6327 tassee, FL 32314		ī 6 0	Division Registrati Elifton B 2661 Esc	CADDRESS: of Corporations ion Section uilding reutive Center Circle ee, FL 32301	
		heck for the follow 25.00 Filing Fee	ing amount:  \$130,00 Filing Fee & Certificate of Status	☑ \$155.00 Filing Certified Copy	Fee &	□ \$160.00 ±iling Fee, Certific of Status & Certified Copy	cale

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

A comment of the company of the comp

SRA Associates, LLC	•			
•				<del>// </del>
(Name of Fore	elgn Empited Liability Com	pany; must include "Limited Lia	bility Company, "I. IC.," or "I.I.	
inbitity Company," "L.L.C."	ternate name adopted for the "L.L.C.")	ne purpose of transacting busines	s in Florida. The alternate name n	just include "Limited
New Jersey	•	3. 223333531		
(Jurisdiction under the law company is organized)	of which foreign limited lis	ability	(FEI number, if upplicable)	· ·
. Upon Approval				•
	(Date Mist transact) (See sections 605.09)	ed business in Florida, if prior to 04 & 605.0905. F.S. to determin	registration.) e penalty liability)	•••
401 Minnetonka Roa	ıd,			
Hi-Nella, NJ 08083				
404 Minusteeles Des		dress of Principal Office)		*
401 Minnetonks Kos	d, Hi-Nella, NJ 08083		, <u>, , , , , , , , , , , , , , , , , , </u>	1 No. 17
				二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
	(	Mailing Address)		* (a)
Name and street address	s of Florida registered as	gent: (P.O. Box <u>NOT</u> accept	able)	
Name:	Corporation Service	Сотрапу	<u> </u>	Gl.
Office Address:	1201 Hays Street			7
	Tallabassee		. Floridu	* - 5
		(City)	(Zip code)	
esignated in this applicat	tion, I hereby accept the	appointment us registered a	e above stated limited liability gent and agree to act in this co	spacity. I further agree
esignated in this applicate complywith the provisio	tion, I hereby accept the ons of all staintes relativ	appointment us registered a e to the proper and complete	e ubove stated limited liability gent and agree to act in this co performance of my duties, an	spacity. I further agree
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esignated in this applicate complywith the provision complywith the provision comply the obligations of n in The name, title or capa- ionn C. Chiaravallotti	tion, I hereby accept the ons of all statutes relative my position as registered city and address of the p	appointment us registered a te the proper and complete get).  [Result   Proper and complete get).  [Result   Proper applete get).	gent and agree to act in this co performance of my duties, an ily to manage is/are:	ipucity. I further agree d I am familiar with and
lesignated in this applicat o complywith the provision occept the obligations of n	tion, I hereby accept the ons of all statutes relative my position as registered acity and address of the p President	appointment us registered a e to the proper and complete agent.  The interior agent's signature and complete agent's signature and complete agent's signature.	gent and agree to act in this co performance of my duties, and ity to manage is/are:	ipucity. I further agree ed I am familiar with and 08052
lesignated in this applicate to complywith the provision of management the obligations of management the capacitant of t	nion, I hereby accept the ens of all statutes relative my position as registered acity and address of the p President Vice-President of existence, no more that of which it is organized.	appointment us registered a te the proper and complete (age).  The succeed agent's signature) erson(s) who has have author  Hi - NCI a AU  08083  un 90 days old, duly authentic	gent and agree to act in this co performance of my duties, and ity to manage is/are:	oboss2  ody of records in the
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