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| | Registration Section Division of Corporations | • | | | | | |
|------------------------|--|--|--|--|--|---|----------------------------------|
| CUBIC | Accurine Techn | nologies LLC | | | | | |
| SUBJEC | 1: | Name of | Limited Liability | Company | | | |
| The enclo Existence | osed "Application by Foreig , and check are submitted t | gn Limited Liability Con to register the above refe | npany for Authoriza renced foreign limi | ation to Tr ited liabilit | ansact Busin y company t | ess in Florida," C o transact busine | Certificate of ss in Florida. |
| Please ret | um all correspondence cor | nceming this matter to th | e following: | | | | |
| | Obdulio Piloto | | | | | | |
| | | 1 | Name of Person | | | | |
| | Protean Labs | | | | | | |
| | Firm/Company | | | | | | |
| | 7600 NW 69th Av | 7600 NW 69th Ave | | | | | |
| | Address | | | | | | |
| | Medley, FL 3313- | 4 | | | | 2017 PU | -11 |
| | | City/ | State and Zip Code | : | | S : 5 | |
| | obdutio.piloto@pro | oteanlabs.com | | | | الالارين 8 - 1 | |
| For furthe | er information concerning t | -mail address: (to be us his matter, please call: | ed for future annua | l report no | tification) | S 18 FP 5 02 | O |
| , | Obdulio Piloto | · | 888 | 406399 |)1 | 02 | |
| - | | Contact Person | at (at Code |) Day | rtime Teleph | one Number | |
|]]] | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314 | | | Division Registrat Clifton E 2661 Exc | of Corporati ion Section Building ecutive Cente see, FL 3230 | ons er Circle | |
| | | g amount: 3 \$130.00 Filing Fee & Certificate of Status | □ \$155,00 Filit Certified Copy | _ | |) Filing Fee, Cert & Certified Copy | |

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 TIMITED HABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

| 1. Accurine Technologies (Name of Foreign | S LLC Limited Liability Company; must include 'Limited' | d Liability Company," "L.L.C.," or "LLC | ') | | | | |
|--|--|--|---|--|--|--|--|
| (If name unavailable, enter alternate : | name adopted for the purpose of transacting business in Flor | rida. The alternate name must include "Limited | Linbility Company," "L L C," or "LLC.") | | | | |
| 2. Delaware | aware 3, 38-4043567 | | | | | | |
| (Jurisdiction under the law of w | which foreign limited liability company is organized) | (FEI n | (FEI number, if applicable) | | | | |
| 4 July 20, 2017 | | | | | | | |
| ,, <u> </u> | (Date first transacted business in Florids, if prior to (See sections 605,0904 & 605,0905, F.S. to determine | registration) ine penalty liability) | | | | | |
| 5 7600 NW 69th Ave | | 6. 7600 NW 69th Ave | | | | | |
| (Street Address of Principal Office) | | (Mailing Address) | | | | | |
| Medley, FL 33166 | | Medley, FL. 33166 | | | | | |
| 7. Name and street addre Name: | ss of Florida registered agent: (P.O. Box Obdulio Piloto | NOT acceptable) | 2017 L | | | | |
| Office Address: | 7600 NW 69th Ave | | AHASSEL BULL | | | | |
| | Medley | Florida 33166 | | | | | |
| Registered agent's accep | (City) | , Florida 33166 (Zip | code) Ti | | | | |
| and accept the obligation | (Registered agent's | signature) | | | | | |
| 8. The name, title or cap <u>Title or Capacity:</u> | acity and address of the person(s) who ha <u>Name and Address:</u> | s/have authority to manage is/are <u>Title or Capacity:</u> | : Name and Address: | | | | |
| MGR | Obdutio Piloto | | | | | | |
| | 7600 NW 69th Ave Medley, F1, 33166 | - | | | | | |
| | | | | | | | |
| | | - - | | | | | |
| (Use attachments if neces | ssary) | | | | | | |
| | | to I must be a fine of the control o | having austocky of records in the | | | | |
| | e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) | | | | | | |
| jurisdiction under the law of the translator must be s 10. This document is exec | of which it is organized. (If the certificate submitted) sutted in accordance with section 605,0203 of the Department of State-constitutes a thi | e is in a foreign language, a trans (1) (b), Florida Statutes, I am aw | lation of the certificate under oath | | | | |

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACCURINE 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 TWENTIETH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCURINE TECHNOLOGIES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202921444

Date: 07-20-17

6295815 8300 SR# 20175338074