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| API | Foreign Limited Liability C PLICATION DEVELOPMENT CC | | es, LL€ | 3.8 ii | |
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| | Registration Section Division of Corporation | ıs | | | | |
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| SUBJEC | | pment Consultants, LLC | | | | |
| SUBJEC | | Nume of | Limited Liability C | onipany | | |
| The enclo | osed "Application by For e, and check are submitte | eign Limited Liability Comp d to register the above refere | omy for Authorizat enced foreign limite | ion to Tra ed liability | nsact Business in Flotida." Certifica company to transact business in Fl | ite of orida |
| Please ret | um all correspondence o | onceming this matter to the | following: | | | |
| | Shamus Hines | | i, | | | |
| | | N | nine of Person | | | |
| | Application De | velopment Consultants, LLC | : | | | |
| | | Fi | rm/Company | | | |
| | 13528 Prestigo | Place | | | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · | | |
| | Tampa, Florida | 33635 | | | | |
| | | Ciry/S | tate and Zip Code | | | |
| | shamus.hunes@a | pplieddatacorp.com | | | | |
| | | E-nuil address: (to be use | d for future annual | report not | ification) | |
| For furth | er information concernin | g this matter, please call: | | | | |
| | Sharaus Hines | | 917 ni (| 751-26 | 68 time Telephone Number | |
| · | Name (| of Contact Person | Area Code | Day | time Telephone Number | |
| : | MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | ٠ | Division Registrat Clitton B 2661 Exc | ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301 | |
| | is a check for the follow \$125.00 Filing Fee | ring amount: \(\sum \) \$130.00 Filing Fee & Certificate of Status | ☐ \$155,00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | : |

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

| IN COMPLIANCE WITH SPC COMPANY TO TRANSACT BU | TION 605 0902, FLORIDA STATUTEN, THE F INNESS INTHE STATE OF FLORIDA: | FOLLOWING I'S SUBMITTED TO REGISTER A F | OREJON 14 | HTED L | 'ABALTIY |
|--|--|---|-----------------------------|------------|----------|
| Assisation Developm | ent Consultants, LLC | | | | |
| (Name of For | eign Limited Liability Company; must inclu- | de "Limited Liability Company," "L.L.C., for " | EUC.") | | |
| | | in Chaile. The descript representation | o must institut | Le "Limit | .,,1 |
| Liability Company," "L.L.C. | fernate name adopted for the purpose of tra- " of "LLC") | nsacting business in Florida. The alternate name | t must moral | C C.IIII. | |
| 2. Delaware | of which toreign limited liability | (FEI number, if applicable) | | | |
| company is organized) | of which foreign innited datainy | The manager, it approaches | | | |
| 4. August 22 2017 | | | | | |
| | (Date first transacted business in F (See sections 605,0904 & 505,0905, 1 | lorida, if prior to registration.) F.S. to determine penalty liability) | | | |
| 5. Application Develope | nent Consultants, LLC | | | | |
| 13528 Prestige P | lace_Suite_102_Tampa_FL_33635 (Street Address of Principa | al Orfice) | _ | | |
| 6. Application Deve | elopment Consultants, LLC | | <u>.</u> | 17 | |
| 40500 B | Name O. N. 400 Tarris El 22005 | | <i>₹</i> | AUG 30 | |
| 1.3528 Presuge H | (Mating Address | 5} | | 9 | |
| 7. Name and street addre | 88 of Florida registered agent: (P.O. Bo | x <u>NOT</u> acceptable) | | | • |
| Name: | C T Corporation System | | : :- | * | 7 |
| Office Address: | 2200 South Pine Island Road | | FLORIDA | AM 11: 4.9 | 1 |
| Office Manies | | | | 6,4 | |
| | (Cuv) | Florida 33324 (Zip code) | • • | | |
| designated in this applicate complywith the provisi | egistered agent and to accept service of tion. I hereby accept the appointment ions of all statutes relative to the proper my notition as registered agent. | Process for the above stated limited liabil us registered agent and agree to act in this r and complete performance of my duties, James M. Flalpin, Assistant Secretary tent's signature) | s capacity, and I am f | 1 Jurine | r ugree |
| S. The name, title or cap | acity and address of the person(s) who I | us flave authority to manage is/are: | | | |
| | 528 Prestige Place, Suite 102, Tampa, F | | | | |
| | | | | | |
| 9. Attached is a certificate | e of existence, no more than 90 days old | , duly authenticated by the official having o | rustody of r | ecords i | n the |
| jurisdiction under the law of the translator must be s | aubmitted) | me is in a foreign language, a translation of | the certific | ие инс | тоат |
| | Signature of an | authorized person | - | | |
| This document is execute submitted in a document t | d in accordance with section 605.0203 (o the Department of State constitutes a t | 1) (b), Florida Statutes, I am aware that any hird degree telony as provided for in s.817. | r false inton .155, F.S. | nation | · |
| | Shortes Hines | | _ | | |
| | Typed or printed | name of signee | | | |



Page 1

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

DELAWARE, DO HEREBY CERTIFY "APPLICATION DEVELOPMENT CONSULTANTS,

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 THIRTIETH DAY OF AUGUST, A.D. 2017.

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

6519256 8300
SR# 20175952497
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203143556

Date: 08-30-17