

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TelesisIT, LLC
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:

Pamela Williams
Name of Person

TelesisIT, LLC
Firm/Company

2247 Lewis Street
Address

Crestview, FL 32536
City/State and Zip Code

pam@telesisit.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Williams at (318) 372-4408
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$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 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. TELESIS IT, LLC.
(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. Louisiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 68-0541683 (FEI number, if applicable)

4. 01/02/2018
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2247 Lewis Street (Street Address of Principal Office)
Crestview, FL 32536

6. 2247 Lewis Street (Mailing Address)
Crestview, FL 32536

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ronald Williams

Office Address: 2247 Lewis Street
Crestview, Florida 32536
(City) (Zip code)

RECEIVED
 DEPARTMENT OF REVENUE
 FLORIDA
 JAN 22 2018
 PM 3:26

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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ronald Williams
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--|---------------------------|--|
| <u>Owner</u> | <u>Ronald Williams</u> <u>2247 Lewis Street</u> <u>Crestview, FL 32536</u> | <u>Account Manager</u> | <u>Pamela Williams</u> <u>2247 Lewis Street</u> <u>Crestview, FL 32536</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

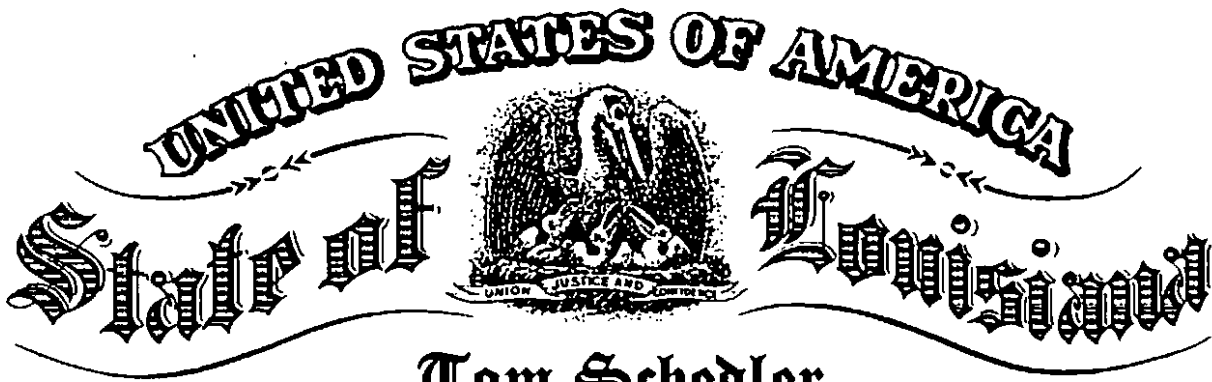
(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the 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)

10. 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.

Ronald Williams
Signature of an authorized person

Ronald Williams
Typed or printed name of signer



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

TELESISIT, LLC

Domiciled at WEST MONROE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 11, 2003,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 16, 2018

Secretary of State

Web 35425819K



Certificate ID: 10907715#DSL73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov