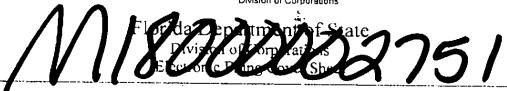
3/20/2018

Division of Corporations

To:18506176383



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000088962 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20280000045

: (302)645-7400

Phone

Fax Number

: (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ivan.delcampo@gmail.com Email Address:

Foreign Limited Liability Company SkyLine InfoSec, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H18000088962 3)))

To:18506176383

IN COMPLIANCE WITH SECTION 605 0X02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN. LIMITED LEABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L Skylline InfoSec, LLC (Name of Foreign Limited Liability Company, must rachide "Limited Liability Company," "L.L.C.," of "LLC.") (If name unavailable, enter alternate name adopted for the purpose of pantacting business in Florida. The alternate name must include "Limited Eadnisty Company," "E.L.C." or "LLC.") Delawate (Curisdiction under the law of which foreign insited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if justor to registration.) (See sections 605,0004 & 605,0005, F.S. to determine penalty liability) (Street Address of Principal Office) 14891 Sw 70 Street 14891 Sw 70 Street Miami, FL 33193 Miami, FL 33193 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Ivan Del Campo Name 14891 Sw 70 Street Office Address: Miami 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 complyee performance of my duties, and I am familiar with and accept the obligations of my position as registered ages (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: AMBR Yanet Del Campo 14891 Sw 70 Street Miami, FL33193 (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). Norida Statutes: ham aware that any false information submitted in a document to the Department of State constitutes a third degree to they approvided for in \$.817.155, F.S. Yanet Del Campo

Typed or printed name of signer



(((H18000088962 3)))

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKYLINE INFOSEC, 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 NINETEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYLINE INFOSEC, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 202344307

Date: 03-19-18

(((H18000088962 3)))

6695859 8300

SR# 20182005350

You may verify this certificate online at corp.delaware.gov/authver.shtml