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From:			
	Account Name	:	ACCUMERA LLC
	Account Number	:	120090000079
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## COVER LETTER.

## TO: Registration Section Division of Corporations

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Ethoa, 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.

Monica Kiley				
	Na	ne of Person		
Accumera LLC				
••••••••••••••••••••••••••••••••••••••	Fir	m/Company		
911 Central Ave	2.,#101			
		Address		
Albany, NY 12	206	K		
<del></del>	City/St	ate and Zip Code		· · · · · · · · · · · · · · · · · · ·
info@accumera.c	m			
	E-mail address: (to be used	for future annual i	report notif	ication)
For further information concerning	g this matter, please call:			
Monica Kiley		518 at (	937-911	
Name o	f Contact Person	Area Code	Dayti	ime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registratic Clifton Bu 2661 Exec	
Enclosed is a check for the follow \$125.00 Filing Fee	ing amount:	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ethoa, LLC

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iability Company," "L.L.C."	ternate name adopted for the purpe	ose of trai	nsacting business in Florida. The alternate name n	nust include "Limited
Delaware	,	2	47-3956730	
	of which foreign limited liability	3.	(FEI number, if applicable)	
	(Date first transacted busin	ness in Fl	lorida, il prior to registration.)	
1504 Bay Road, Apt. 2	2005, Miami Beach, FL 33139		F.S. to determine penalty liability)	
	(Street Address o	[ Principi	al Office)	
1504 Bay Road, Apt. 2	005, Miami Beach, FL 33139			
	(Mailin	g Address	5)	
Name and street address	ss of Florida registered agent: (	P.O. Bo:	x <u>NOT</u> acceptable)	
Name:	Guido Balestra			
Office Address:	1504 Bay Road, Apt. 2005		· · · · · · · · · · · · · · · · · · ·	
	Miami Beach		, Florida <u>33139</u> (Zip code)	
legistered agent's accep	(City)		(Zip code)	
esignated in this applicant of the comply with the provision of the context of th	tion. I hereby accent the appoi	intment : Le propei	process for the above stated limited liability as registered agent and agree to act in this of r and complete performance of my duties, a	nd I am familiar wi
ccept the obligations of .	ÍRev	istered au	rent's sumpture)	
			ent's signature)	APR
S. The name, title or cap	acity and address of the person(	(s) who h	has/have authority to manage is/are:	APR 12
S. The name, title or cap Guido Balestra, Member,		(s) who l iami Bca	nas/have authority to manage is/are: ach, FL 33100	APR 12 AM

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 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.



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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ETHOA, 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 ELEVENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "ETHOA, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ETHOA, LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2015.

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

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Authentication: 202492422 Date: 04-11-18

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