M180000033634

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Clut W18.29332

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2018

RSLO CONCEPTA LLC 121 S ORNAGE AVE, STE 1410 ORLANDO, FL 32801

SUBJECT: ADAPT TECHNOLOGIES LLC

Ref. Number: W18000029332

We have received your document for ADAPT TECHNOLOGIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 518A00006129

We're sending attached the Certificate of Good Standing.

2018 APR 13 AM 11: 23
DEPARTMENT OF STATES OF CORPORTED TAX 13 AM 15: 23

COVER LETTER

TO:	Registration Section Division of Corporations	
011010	Adapt Technologies LLC	
SUBJI		imited Liability Company
		any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the f	ollowing:
	RSLO CONCEPTA LLC	
	Nai	me of Person
	CONCEPTA INC	
	Fin	m/Company
	121 SOUTH ORANGE AVENUE. SUITE 1	410.
		Address
	ORLANDO, FL, 32801	
	City/Sta	ate and Zip Code
	ap@conceptsol.com	
	E-mail address: (to be used	for future annual report notification)
For fur	rther information concerning this matter, please call:	
	CONCEPTA INC	407 7204711
	Name of Contact Person	_at () 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
Enclos	sed is a check for the following amount: \$\Boxed{\operatorname}\$ \$125.00 \text{ Filing Fee } \Boxed{\operatorname}\$ \$\$ Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy 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:

State of Delaware (Jurisdiction under the law of which	e adopted for the purpose of		ida. The alter	Lompany, L.L.C., or	"LLC.")		
State of Delaware (Jurisdiction under the law of which	t foreign limited liability co		9				
(Jurisdiction under the law of which		ompany is organized)	_		imited Liabil	ity Company," "L.L.C,"	or "LLC.")
121 South Orange Avenu		ompany is organized)	3	32-4724274	(pgi		
	(Date first transported by				(FEI number	, if applicable)	
	(Date first transacted by					ENG. 60	١.
	(See sections 605 0904	usiness in Florida, if prior to r & 605.0905, F.S. to determin	egistration.)	hility)		ES 30	TAIL .
		the source of the to determine		21 South Orange A	Avenue. S	ite 1410:	
(Street Address of Princ			6	•	ailing Addres	A 40 40 40	-13
Orlando, FL, 32810.	•		C	Orlando, FL, 32810		THE T	(3)
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N. 1	cm :	, (D.O. D.		11.		E THE	0
Name and street address of	•	ed agent: (P.O. Box	NOT acc	ceptable)		-	
Name:	Humberto Farias						
_ 1	21 S ORANGE A	VE STE 1410					
Office Address:							
(Orlando			. Florida 328	801		
-		(City)		, 1 1011da	(Zip code)		
	, ,	egistered agent.					
The name, title or canaci	ty and address of t	(Registered agent's s		thority to manage	is/ara·		
The name, title or capacit <u>Title or Capacity:</u>		(Registered agent's s	s/have au	thority to manage	is/are:	Name and Add	ress:
The name, title or capacit <u>Title or Capacity:</u> MGR	Name and	(Registered agent's s	s/have au		is/are:	Name and Add	ress:
Title or Capacity:	<u>Name an</u> RSLO CO	(Registered agent's s the person(s) who had Address:	s/have au		is/are:	Name and Add	ress:
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Title or Capacity:	Name an RSLO CO 121 S OR	(Registered agent's s the person(s) who ha d Address: PNCEPTA LLC ANGE AVE #1410	s/have au		is/are:	Name and Add	ress:
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Title or Capacity:	Name an RSLO CO 121 S OR	(Registered agent's s the person(s) who ha d Address: PNCEPTA LLC ANGE AVE #1410	s/have au		is/are:	Name and Add	ress:
Title or Capacity:	Name and RSLO CO 121 S OR ORLAND	(Registered agent's s the person(s) who ha d Address: PNCEPTA LLC ANGE AVE #1410	s/have au		is/are:	Name and Add	ress:

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ADAPT 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 NINTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAPT

TECHNOLOGIES LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY,

A.D. 2018.

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

Authentication: 202478364

Date: 04-09-18