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TALLAHASSEE, FLORIDA

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W1900046466

)(5 5-92-18 Registration Section

TO:

### COVER LETTER

Div	ision of Corporation	ns				
SUBJECT:	A2S Consulting LL	С				
Sobole I.	Name of Limited Liability Company					
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence o	concerning this matter to the	following:			
	Luiz Simon					
		N	ame of Person			
	A2S Consulting	g LLC				
	<del></del>	Fi	rm/Company			
	15351 SW 77 A	Ave				
	Address					
	Palmetto Bay, l	Florida 33157				
		City/S	tate and Zip Code	-	·	
	luissimon1@con	ncast.net				
		E-mail address: (to be used	for future annual	report not	ification)	
For further is	nformation concerning	g this matter, please call:				
Lui	iz Simon		305	216-47		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount:  S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPILANCE 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. A2S Consulting LLC (Name of Foreign Lim	ited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LL.C	C.")		
(If name unavailable, enter alternate name	adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "L.L.C,")		
<sub>2</sub> Delaware	•	3. EIN 82-4914448			
	foreign limited liability company is organized)		number, if applicable)		
4					
	(Date first transacted business in Flonda, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration ) ne penalty liability)			
5. 251 Little Falls Drive		6. 15351 SW 77 Ave			
(Street Address of Princi Wilmington	pal Office) .	(Mailing Address) Palmetto Bay			
Delaware - 19808	<del></del>	Florida - 33157			
7. Name and street address o	f Florida registered agent: (P.O. Box	NOT acceptable)	<b>∞</b> <u>⊢</u> ↑		
T	uiz Simon		HAY		
Name: L	uiz Simon		- S		
Office Address: 1:	5351 SW 77 Ave		<b>91</b> 01		
P	almetto Bay	, Florida 33157			
_	(City)	, Florida(Zip			
Having been named as regist designated in this application	tered agent and to accept service of p i, I hereby accept the appointment a	s registered agent and agree to d	ited liability company at the place act in this capacity. I further agree		
designated in this application to comply with the provisions	tered agent and to accept service of $\mu$	s registered agent and agree to d	ited liability company at the place act in this capacity. I further agree		
Having been named as regist designated in this application to comply with the provisions	tered agent and to accept service of parties, I hereby accept the appointment as of all statutes relative to the proper my position as registered agent.	s registered agent and agree to a and complete performance of n	ited liability company at the place act in this capacity. I further agree		
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Having been named as regist designated in this application to comply with the provisions and accept the obligations of  8. The name, title or capacity:  Manager Logal Sign  (Use attachments if necessary  9. Attached is a certificate of	tered agent and to accept service of part in the proper of all statutes relative to the proper of my position as registered agent.  (Registered agent's year and address of the person(s) who has Name and Address:  15351 SW 77 Ave Palmetto Bay Florida - 33157	s registered agent and agree to and complete performance of no signature)  as/have authority to manage is/are  Title or Capacity:	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with  e:  Name and Address:		
Having been named as regist designated in this application to comply with the provisions and accept the obligations of  8. The name, title or capacity:  Manager Luiz Sinou  (Use attachments if necessary  9. Attached is a certificate of jurisdiction under the law of yof the translator must be subm	tered agent and to accept service of part in the proper of the appointment at the folial statutes relative to the proper of my position as registered agent.  (Registered agent's who has a Name and Address:  15351 SW 77 Ave Palmetto Bay Florida - 33157	seregistered agent and agree to and complete performance of numbers of number	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with  e:  Name and Address:		
Having been named as regist designated in this application to comply with the provisions and accept the obligations of  8. The name, title or capacity:  Title or Capacity:  Manager Luiz Sino  (Use attachments if necessary  9. Attached is a certificate of jurisdiction under the law of yof the translator must be subm  10. This document is executed.	tered agent and to accept service of part in the proper of all statutes relative to the proper of my position as registered agent.  (Registered agent's year and address of the person(s) who has Name and Address:  15351 SW 77 Ave Palmetto Bay Florida - 33157	duly authenticated by the official e is in a foreign language, a trans	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with  e:  Name and Address:  I having custody of records in the slation of the certificate under oath ware that any false information		
Having been named as regist designated in this application to comply with the provisions and accept the obligations of  8. The name, title or capacity:  Title or Capacity:  Manager Luiz Sino  (Use attachments if necessary  9. Attached is a certificate of jurisdiction under the law of yof the translator must be subm  10. This document is executed.	tered agent and to accept service of part in the proper of the appointment at the folial statutes relative to the proper of my position as registered agent.  (Registered agent of the person(s) who has a Name and Address:  15351 SW 77 Ave Palmetto Bay Florida - 33157  existence, no more than 90 days old, which it is organized. (If the certificat nitted)  d in accordance with section 605.0203 is Department of State constitutes a:the	duly authenticated by the official e is in a foreign language, a trans	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with  e:  Name and Address:  I having custody of records in the slation of the certificate under oath ware that any false information		

Typed or printed name of signee

Luiz Simon

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "A2S CONSULTING LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF MARCH, A.D. 2018, AT 10:08 O'CLOCK A.M.

Authentication: 202352160

Date: 03-19-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:08 AM 03/16/2018
FILED 10:08 AM 03/16/2018
SR 20181965067 - File Number 6801193

## STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liab	bility compa	ny is A2S Consulting LLC	_ <del></del> .
The Registered Office of the located at 251 Little Falls Drive	e limited lial	bility company in the State of	Delaware is (street),
in the City of Wilmington		_, Zip Code 19808	(succe), . The
name of the Registered Agent at sucliability company may be served is	Corporation	pon whom process against th Service Company	is limited
	Ву:	Authorized Person	JAN.
	Name:	Luiz Simon	
		Print or Type	



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

DELAWARE, DO HEREBY CERTIFY "A2S CONSULTING 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 TWENTY-FIRST DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A2S CONSULTING LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2018.

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



Authentication: 202365796

Date: 03-21-18

6801193 8300

SR# 20182092587

Date of this notice: 03-23-2018

Employer Identification Number:

82-4914448

Form: SS-4

Number of this notice: CP 575 G

A2S CONSULTING LLC LUIZ SIMON SOLE MBR 15351 SW 77TH AVE PALMETTO BAY, FL 33157

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-4914448. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD '1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is A2SC. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.