From:



#154 P.001/003

## Florida Department of State

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Division of Corporations

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Account Name : COGENCY GLOBAL, INC.

Account Number : 120000000088 Phone : (800)221-0102 fax Number : (800)944-6607

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

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## Foreign Limited Liability Company HORR SYSTEMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

(D)

Help

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

IN COMPLIANCE WITH SECTION GOMINA, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Horr Systems, LLC (Name of Foreign Limited Clability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") If come unweakable, cross afternate many subspired his the purpose of transacting business in Flurida. The observate many include "Linated Lisbeitay Company," "L.L.C." or "I.L.C."." Delaware Applied For (Junisticulan under the law of which foreign limbed liability company is negatived) if El is inder, if ipplicable) (Date first transacted business in Florids, if great to registration.)
(See sections 605 0904 & 605,0905, F,S. in delegating penalty lighting) 11792 Eagleray Lane 11792 Eagleray Lane ्रिजारेरा अक्रान्य का महाने का कार का का (Mailing Address) Orlando, FL 32827 Orlando, FL 32827 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SABAMA da SIVA Name: (1792 Office Address: , Florida Registered agent's acceptance: llaving 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 equiplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and addiess of the poston(s) who has/have authority to manage is/are: Title or Capacity: Name and Address; Title or Capacity: Name and Address: President Sabrina da Silva 11792 Epgleray Lane Orlecto, Pt. 32827 Vice President Joao Luiz da Silva Junior 11702 Engleray Lane Driamon, Ft 37827 (Use attachments if necessary) 9. Anathed is a confidence 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 Jerghy as provided for in s.817.155, F.S. silva.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HORR SYSTEMS, 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 THIRTEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORR SYSTEMS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2018.

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

. . .

e at corp.delaware.gov/authver

Authentication: 203060405

Date: 07-13-18