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COVER LETTER

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TO:

TO:		ation Section n of Corporatio	ns				
orin i	DN ECT:	ACC TECH BLA	/D LLC				
SOBJ	rci:		Name	of Limited Liability	Company	·	
			reign Limited Liability Co ed to register the above ref				
Picase	return all	correspondence	concerning this matter to t	he following:			
		Benjamin Swil	ì				
				Name of Person			_
		Swift & Labov	itz. PLLC				
				Firm/Company			_
		1211 N. Orang	e Avenue, Suite 103				
		-	•	Address			
		Winter Park, F	L 32789				
			City	/State and Zip Code	:		10 mg
	1	ben@swiftlegalf	l.com				1 2
	_		E-mail address: (to be us	sed for future annua	l report no	tification)	- ;-
For fu	rther inforn	nation concernin	g this matter, please call:				フ
	Brian B	arwick		407 at (636-88	88	= -
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section milding centive Center Circle see, FL 32301	
≟nclos		ck for the follow 00 Filing Fee	ing amount: ■ \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, (of Status & Certified Co	

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:

name unavailable, enter altern	ate name adopted for the purpose of transacting business in Flor		bility Company," "L.L.C," or "L.L.C.")
Delaware		3. 83-0597111	
(Jurisdiction under the law	of which foreign limited liability company is organized)	(FEI numb	ber, if applicable)
	(Data ties transported business in Slorida, if agins to a	Amerecian)	
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty liability)	
234 N. Westmonte		6. 234 N. Westmonte Drive	
	of Principal Office)	(Mailing Adds	1085)
Suite 1040	AV. 0051.4	Suite 1040	
Altamonte Springs,	FL 32714	Altamonte Springs, FL 327	/14
Name and street add	Iress of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Benjamin Swift		
Office Addres	S: 1211 N. Orange Avenue, Suite 103		
	Winter Park	Election 32789	
signated in this appl comply with the pro	registered agent and to accept service of pication, I hereby accept the appointment as visions of all statutes relative to the proper-	registered agent and agree to act	liability company at the p in this capacity. I further
aving been named as signated in this appl comply with the pro	(City) reptance: registered agent and to accept service of p ication, I hereby accept the appointment as	(Zip code rocess for the above stated limited registered agent and agree to act	liability company at the pain this capacity. I further
aving been named as signated in this appl comply with the pro	(City) ceptance: registered agent and to accept service of p ication, I hereby accept the appointment as visions of all statutes relative to the proper-	cocess for the above stated limited registered agent and agree to act and complete performance of my a	liability company at the pain this capacity. I further
iving been named as signated in this appl comply with the produced accept the obligati	(City) reptance: registered agent and to accept service of p ication, I hereby accept the appointment as visions of all statutes relative to the proper- ons of my position as registered agent. (Registered agents s	(Zip code rocess for the above stated limited registered agent and agree to act and complete performance of my of high stature)	liability company at the pain this capacity. I further
iving been named as signated in this appl comply with the produced accept the obligati	ceptance: registered agent and to accept service of pication, I hereby accept the appointment as visions of all statutes relative to the propertions of my position as registered agent. (Registered agents of the person(s) who has	(Zip code rocess for the above stated limited registered agent and agree to act and complete performance of my of high stature)	liability company at the pain this capacity. I further duties, and I am familiar v
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aving been named as signated in this appl comply with the produce of accept the obligation. The name, title or capacity: Manager	ceptance: a registered agent and to accept service of pication, I hereby accept the appointment as visions of all statutes relative to the propertions of my position as registered agent. (Registered agents of the person(s) who has Name and Address: MSR TECH BLVD, LP 234 N Westmonte Dr Ste 1040 Altamonte Sorings, FL 32714	rocess for the above stated limited registered agent and agree to act and complete performance of my objective. Specification (Schaue) authority to manage is/are:	liability company at the pain this capacity. I further duties, and I am familiar v
aving been named as signated in this appl comply with the produce of accept the obligation. The name, title or capacity: Manager	(City) reptance: registered agent and to accept service of pication, I hereby accept the appointment as visions of all statutes relative to the propertions of my position as registered agent. (Registered agent) Appacity and address of the person(s) who has Name and Address: MSR TECH BLVD, LP 234 N Westmonte Dr Ste 1040 Altamonte Springs, FL 32714 MSR TECH BLVD, LP 234 N Westmonte Dr Ste 1040 Altamonte Springs, FL 32714	rocess for the above stated limited registered agent and agree to act and complete performance of my objective. Specification (Schaue) authority to manage is/are:	liability company at the pain this capacity. I further duties, and I am familiar v
The name, title or c Title or Capacity: Manager Member Attached is a certification of the second	registered agent and to accept service of pication, I hereby accept the appointment as visions of all statutes relative to the propertions of my position as registered agent. (Registered agent) Appacity and address of the person(s) who has Name and Address: MSR TECH BLVD, LP 234 N Westmonte Dr Ste 1040 Altamonte Sorings, FL 32714 MSR TECH BLVD, LP 234 N Westmonte Dr Ste 1040 Altamonte Sorings, FL 32714 ressary) ate of existence, no more than 90 days old, days of which it is organized. (If the certificate	rocess for the above stated limited registered agent and agree to act and complete performance of my objective. Shave authority to manage is/are: Title or Capacity:	tiability company at the pin this capacity. I further duties, and I am familiar viscosity. Name and Address:

PRADEEP MATHAROO

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DMCC TECH BLVD LLC" IS DULY FORMED

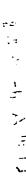
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWELFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMCC TECH BLVD LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2018.

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





Authentication: 203049788

Date: 07-12-18

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