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SECRETARY OF STATE
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N CULLIGAN SEP 5 2018

## **COVER LETTER**

TO:

Registration Section

Division	n of Corporation	5				
SUBJECT:	Unified	Strategic Resources, LLC	;			
SCHOLET.	<del>,</del>	Name of I	imited Liability C	ompany		
The enclosed "A  Existence, and ch	pplication by Foreneck are submitted	eign Limited Liability Comp d to register the above refere	any for Authorizat need foreign limite	ion to Tra ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida.
Please return all	correspondence c	oncerning this matter to the	following:			
		Christian M. Gibbs				
		Na	me of Person			
	Unified	d Strategic Resources, LL	С			
		Fi	m/Company			
	11916	St. Francis Way				
			Address	·	·	
	Bowie	e, Maryland 20721				
		City/St	ate and Zip Code			
	christ	tian@unifiedstrategic.com				
-		E-mail address: (to be used	for future annual	report not	ification)	
For further inform	mation concerning	g this matter, please call:				
Christia	an M. Gibbs		301 _ at (	4429		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Division Registra P.O. Be	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	eck for the follow i.00 Filing Fee	ing amount:  \$\textstyle{\Pi}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fce &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## 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:

	n Limited Liability Company; must include "		. , ,,	
(If name unavailable, enter alternate	name adopted for the purpose of transacting busines	s in Florida. The alter	mate name must include "Limited Lial	bility Company," "L.L.C," or "LLC.")
2.Maryland		٥.	46-4541852	
(Jurisdiction under the law of s	which foreign limited liability company is organized)		(FEI numb	per, it applicable)
4. N/A				
···	(Date first transacted business in Florida, if a (See sections 605.0904 & 605.0905, F.S. to	prior to registration.) determine penalty ha	bility)	
5 137 National Plaza		6. 1	1916 St. Francis Way	- 3
(Street Address of	Principal Office)		(Mailing Add	ress) DO
Suite 300		E	Bowie, Maryland 20721	- EO - T
National Harbor, Ma	ryland 20745	_		
7. Name and street addre	ess of Florida registered agent: (P.O	. Box <u>NOT</u> ac	ceptable)	27 PH 27 PH ARY OF ASSEE.
Name:	David Neuwirth	-		770 77
Office Address:	250 N Dixie Highway #6			PH 12: 03 PH 12: 03
	Hollywood		, Florida 33020	• •
Having been named as r designated in this applica	ptance: egistered agent and to accept servic ation, I hereby accept the appointm sions of all statutes relative to the p	ent as register	ed agent and agree to act	in this capacity. I further agre
Having been named as r designated in this applic to comply with the provis	egistered agent and to accept service ation, I hereby accept the appointmessions of all statutes relative to the part of my position as registered agent for the part of my position as registered agent for the part of the p	tent as register roper and com	ed agent and agree to act	in this capacity. I further agre
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designated in this applicate comply with the provisand accept the obligation  8. The name, title or capacity: CEO  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be: 10. This document is exe	egistered agent and to accept service ation, I hereby accept the appointment with soft all statutes relative to the plans of my position as registered agent (Registered agent)  accity and address of the person(s) we Name and Address:  Christian Gibbs 11916St Francis Way Bowie, MD  20721  20721  ssary)  e of existence, no more than 90 days of which it is organized. (If the cert	tent as register roper and commit.  Appent's signature)  The has/have at Titl  a cold, duly authorificate is in a fill  5.0203 (1) (b),	ed agent and agree to act plete performance of my sthority to manage is/are: e or Capacity:  enticated by the official had oreign language, a translat	in this capacity. I further agriduties, and I am familiar with  Name and Address:  aving custody of records in the ion of the certificate under oathere that any false information

Typed or printed name of signee

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES. TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

LIFURTHER CERTIFY THAT UNIFIED STRATEGIC RESOURCES, LLC (W15638307), REGISTERED JANUARY 16, 2014, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 24, 2018.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1344 / Outside Balto, Metro (888) 246-5941 0011215100 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice