## M180009449

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. BRUCE OCT 20 2018 October 6, 2018

PETER J YANOWITCH YANOWITCH LAW PA 255 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134

SUBJECT: A I SIMULATION, LLC Ref. Number: W18000088851

We have received your document for A I SIMULATION, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Schilling Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional):

There is a balance due of \$55.00.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce Corporate Records Supervisor 0CT -8 PH 1: 22

Letter Number: 818A00020846

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A 1 Simulation ILLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	of ida.
Please return all correspondence concerning this matter to the following:	
Peter J Yanowitch	
Janowsta Law PA	
255 Alhamhra Circle 5+700	
Coral Gables, Fl 33134 City/State and Zip Code	
Peter @ yanowitch law PA  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rose Serva at (305) 4432100  Name of Contact Person 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	
Enclosed is a check for the following amount:    S125.00 Filing Fee   S130.00 Filing Fee & Certificate of Status   Certified Copy   S160.00 Filing Fee, Certificate of Status & Certified Copy   S160.00 Filing Fee, Certified Copy   S16	

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

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ΤY
1. A Stand at the Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")  2. Solved Computed Science Sc	
4 June 1,2018	
(Date first transacted business in Florida, if prior to registration.) (See sections 1015 09004, & 6005 09005, F.S. to determine penalty liability)	
5.255 Aham by G Circle 6. Same (Mailing Address)  St 200 (Mailing Address)	
Coral Cables, Fl 33 34	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Veta J 99nowitch	ì
Office Address: 255 Albumbra Circle St700	ar
Coral 695185 , Florida 3130 (Zip code) 2 17	ı.
Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place	Ţ
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agr to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	ee
and accept the obligations of my position as registered agent.	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:	
Chairman Antonstipinovish St 200	_
Coral Coables, F1 33134	_
•	
	_
(Use attachments if necessary)	
9. Attached is a certificate 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 oat of the translator must be submitted)	h
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 felony as provided for in s.817.155, F.S.	
Signature of an authorized person	
N' $L$ $C+$ $C+$ $C+$	



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

DELAWARE, DO HEREBY CERTIFY "A 1 SIMULATION, 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 EIGHTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A 1 SIMULATION, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2018.

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

Authentication: 202847763

Date: 06-08-18