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October 20, 2018

ANTONIO MORALES 13278 FAMIGLIA DR. VENICE, FL 34293

SUBJECT: FAST COMPUNET LLC Ref. Number: W18000082825

We have received your document for FAST COMPUNET LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 for 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

Letter Number: 718A00021558



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2018

ANTONIO MORALES 13278 FAMIGLIA DR. VENICE, FL 34293

SUBJECT: FAST COMPUNET LLC Ref. Number: W18000082825

We have received your document for FAST COMPUNET LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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

Letter Number: 618A00019265

www.sunbiz.org

Division of Communitions D.O. DOV 6207 Well-basses Florida 20214

COVER LETTER:

TO:

	gistration Section vision of Corporation	ıs						
SUBJECT:	Fastion	MPUNST /	Limited Liability	Company				
		eign Limited Liability Comp d to register the above refere						
Please returi	n all correspondence c	concerning this matter to the	following:					
	Antol	io Horal	ame of Person					
	Fast	COMPUNET /	LC rm/Company	·				
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	TONITIT	E-mail address: (to be used	COM I for future annua	l report notifi	ication)	SSEE	-9 PH:	PV
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A	Name o	Ora 65 f Contact Person	at (551 Area Code) 208 Daytir	33 77 me Telephone Num	iber	சூ	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			Division of Registration Clifton Bui	lding itive Center Circle			
	a check for the follow \$125.00 Filing Fee	ing amount: \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Copy	,	□ \$160.00 Filing F of Status & Certific		ficate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS * N 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: PLON ST LLC." or "LLC." or "LLC." 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.") ch toreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: __ , Florida 💁 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 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 complete 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 address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Nameland (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 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 felony as provided for in s.817.155, F.S.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

FASTCOMPUNET LLC

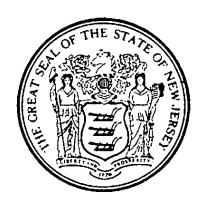
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 12, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANTONIO MORALES 15 WARBLER RD MARLBORO, NJ 07746



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of November, 2018

Elizabeth Maher Muoio State Treasurer

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Certificate Number , 6092549404

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp