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COVER LETTER

TO;

TO;	Registration Section Division of Corporation	ons	•		
SUBJ	Leoforce, LLC				
00100		Name of	Limited Liability (Company	
					ansact Business in Florida," Certificate o y company to transact business in Florid
Please	return all correspondence	concerning this matter to the	following:		
	Cassie Wang				
		N	fame of Person		
	Leoforce, LLC				
		F	irm/Company	•	
	500 W Peace	St.			
			Address		
	Raleigh, NC 2	7603			
	.	City/S	State and Zip Code		··· - ··· - ··
	accounts@spec	traforce.com			
		E-mail address: (to be use	d for future annual	report no	tification)
For fu	ther information concerni	ng this matter, please call:			
	Cassie Wang		919 at (887678	36
	Name	of Contact Person	Area Code	Day	vtime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclos	ed is a check for the follor □ \$125.00 Filing Fee	wing amount: S130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2018

CASSIE WANG 500 W PEACE ST RALEIGH, NC 27603

SUBJECT: LEOFORCE, LLC Ref. Number: W18000104864

We have received your document for LEOFORCE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

I have retained the Certificate of Existence.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00024906

LCO Torces buc.

www.sunbiz.org

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:*

`~				
	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·	
Hryd by				
(If name unavailable, enter altérnate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC	.")
2. North Carolina	·	3. 462156085		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI numb	er, if applicable)	
4. 11/09/2018				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.)		
5 500 W Peace St.	(Section 2005)	500 W D C4		
(Street Address of	Principal Office)	6. DUU W Peace St. (Mailing Address)	ess)	
Raleigh, NC 27603		Raleigh, NC 27603	,	
	-		2019 17AL	
				-71
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	JAN CRET	
		<u></u> acceptable)	<i>(</i> 0>> 1	
Name:	C T Corporation system		2 SET	m
Office Address:	1200 South Pine Island Road		F 2	
	Plantation		<u>ب</u> ب	
	(City)	, Florida <u>33324</u>	25	
Registered agent's accep	otance:	(Zip code)	,	
Having been named as re	egistered agent and to accept service of p	process for the above stated limited i	liability company at the	place
aesignatea in this applica	ttion, I hereby accept the appointment as	s registered agent and agree to act i	a this canacity. I furth.	
and accept the obligation	ions of all statutes relative to the proper s of my position as registered arent.	and complete performance of my d	uties, and I am familiai	with
	July 1	Leslie Martin		
	(Registered agent's s	Assistant Secretary		
8. The name, title or cap:	acity and address of the person(s) who ha	s/have authority to manage is/are:		
Title or Capacity:	, and the principle in			
· · · · · · · · · · · · · · · · · · ·	Name and Address:	Title or Capacity:	Name and Address:	
Vlanciger	Name and Address:	Title or Capacity:	Name and Address:	
.)	Name and Address: Machusudan Modugi	Title or Capacity:	Name and Address:	
.)	Name and Address: Machushdan Modugi	Title or Capacity:	Name and Address:	
.)	Name and Address: Machusudan Modugi	Title or Capacity:	Name and Address:	
.)	Name and Address: Machusudan Modugi	Title or Capacity:	Name and Address:	
.)	Name and Address: Machusudan Modugi	Title or Capacity:	Name and Address:	
.)	Name and Address: Machusudan Modugi Tuc W. Perus st. Raleigh , NC 27603	Title or Capacity:	Name and Address:	
(Use attachments if neces	Name and Address: Machusudan Modugi De W Pene st Raleigh , NC 27603	Title or Capacity:		
(Use attachments if neces	Name and Address: Machusudan Modugi Da W Pena st Raleigh , NC 27603 sary) of existence, no more than 90 days old, of	Title or Capacity:	ine custody of records in	1 the
(Use attachments if neces 9. Attached is a certificate jurisdiction under the law	Name and Address: Machusudan Modugi The W. Pena st Raleigh , NC 27603 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	Title or Capacity:	ine custody of records in	n the
(Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be so	Name and Address: Machusuckan Modugi The W. Perus et Raleigh , NC 27602 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	Title or Capacity: At a second secon	ing custody of records in	r oath
(Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be started.) 10. This document is exec	sary) Name and Address: Machusudan Moduga Para st Raleigh , NC 27603 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	Title or Capacity: At a luly authenticated by the official have is in a foreign language, a translation (1) (b), Florida Statutes. I am aware	ing custody of records in	r oath
(Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be started.) 10. This document is exec	Name and Address: Machusuckan Modugi The W. Perus et Raleigh , NC 27602 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	Title or Capacity: At a luly authenticated by the official have is in a foreign language, a translation (1) (b), Florida Statutes. I am aware	ing custody of records in	r oath
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(Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be started. This document is exec	Sary) Name and Address: Machusudan Modugi For W Perce of Raleigh , NC 27603 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thin Signature of Madhusudan Modugu	Title or Capacity: At a large duly authenticated by the official have is in a foreign language, a translation (1) (b), Florida Statutes. I am aware red degree felony as provided for in s.	ing custody of records in	r oath



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

LEOFORCE, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 5th day of February, 2013

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of December, 2018.

Elaine I. Marshall

Secretary of State