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2/4/2018



Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From:	Fax Number : (850)617-63	83		
	Account Name : C T CORPORA Account Number : FCA00000002			27 ****
	Phone : (614)280-33 Fax Number : (954)208-08	38		75
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Corporate Filing Menu

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COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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.

1. Veritas Prime LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LL (..." or "LLC") (I many many allable, ergor, alternate many sological for the purpose of transporting bestiers in Florida. The alternate many wast include "his acid libridity Company," "L.L.C," or "L.L.C.") 46-3896127 (l'El number, il applicable) (fortsdiction tender the law of which foreign limited liability company is organized) 01/02/2019 (Date first transacted business in Flanck, if prior in registration.) (See sections 605,0004 & 405,0005, F.S. to determine penalty furbility) 75 Market St Suite 203 75 Market St. Suite 203. (Sirent Address of Prescipal Office) Portland, ME 04101 Portland, ME 04101 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: **Plantation** 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 um familiar with and accept the obligations of my position as registered agent. C T Corporation System/ Bree (Regissered agents a signature) 8. The name, title or capacity and address of the person(s) who has/nave authority to manage is/arc: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Nick Begin Managing Partner Kevin O'Brien Financial Controller 75 Market St. Suite 20 Portland ME 04101 75 Market St Suite 203 Portland, ME 04101 Managing Partner Michael Pappis Raj Sharmacharya Managing Partner 189 S Orange Ave 7070 Renner Rd Suite Orlando, FL 3280 Shawnee, KS 6621 (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. Signature of an authorized person Kevin O'Brien Types or printed name of vigner



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

DELAWARE, DO HEREBY CERTIFY "VERITAS PRIME 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2019.

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

Authentication: 202182418

Date: 01-31-19