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Foreign Limited Liability Company TRANSFORM SYW RELAY LLC

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2019 FEB 1

## 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 LIM	AITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	

## L. Transform SYW Relay LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(Date first transacted business in Florida, if prior to registration.) (See sections 609.0904 & 605.0905, F.S. to determine penalty liability) 1170 Kane Concourse, Suite 200 (Street Address of Principal Office) Bay Harbor Islands, FL 33154 Bay Harbor Islands, FL 33154	SECULAR SECULAR
1170 Kane Concourse, Suite 200         (Streu Address of Principal Office)         Bay Harbor Islands, FL 33154         Main and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       C T Corporation System         L200 (D. D. D	SECULATION
1170 Kane Concourse, Suite 200         (Street Address of Principal Office)         Bay Harbor Islands, FL 33154         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       C T Corporation System         1200 fb or the Direct block D Principal	SECTOR LAND
(Street Address of Principal Office) Bay Harbor Islands, FL 33154 Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>C T Corporation System</u>	SECTOR
Bay Harbor Islands, FL 33154     Bay Harbor Islands, FL 33154       Name and street address of Florida registered agent: (P.O. Box NOT acceptable)       Name:     C T Corporation System	SECULIA
lame and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>C T Corporation System</u>	FEB
Name: C T Corporation System	A State
Name: CT Corporation System	
Name: C T Corporation System	10.25
	Fright .
Office Address: 1200 South Pine Island Road	P.C.
	921
Plantation , Florida 33324	Q,
(Cíh) (72p code)	
(Registered agenu's signification) Assistant : The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	<u>secie</u> i
Title or Capacity: Name and Address: Thle or Capacity: Name and	Address:
Meinber TRANSFORM SR LLC	
1170 Kane Concourse, Suite 200 Bay Harbor Islands, FL	
33154	
attachments if necessary)	
	ofrecordo
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ttached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody diction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the cer	
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Jennifer Kurz, Manager

Typed or printed name of signce



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSFORM SYW RELAY 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 SIXTH DAY OF FEBRUARY, A.D. 2019.

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





Justices M. Budielle, Baccallary of State

Authentication: 202209002 Date: 02-06-19

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