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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То:	Division of Corporations Fax Number : (850)617-6383	24 PH
From:	Account Name : ACCUMERA LLC	LORI LORI

Account Name : ACCUMERA LLC Account Number : 120090000079 Phone : (518)937-9117 Fax Number : (518)937-9128

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: into Daccomera.com

Foreign Limited Liability Company
Profitcommerce LLC

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JUN 25 2019

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## COVER LETTER

UBJECT:	rotiteommerce LL	C ,		
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				stion to Transact Business in Florida; ted liability company to transact busi
lease return al	Il correspondence c	concorning this matter to the	following:	G. G
	Holly Almeida			T T
	<del></del>	Ni	une of Person	
	Accument LLC			
		Fi	rm/Company	
	911 Central Av	e., #101		
			Address	
	Albany, NY 12	206		
		City/\$	tate and Zip Code	
	info@accumera.	com		
		E-mail address: (to be used	l for future annual	report notification)
or further info	ormation concernin	g this matter, please call:		•
Holly Almeida		518	937-9117	
<del></del>	Name o	of Contact Person	_ at ( 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		
	heck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Pilin Certified Copy	•

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## (((H19000196103 3)))

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Profitcommerce LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 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) 1021 Ives Dairy Road, Suite 115 Miemi, FL 33179 (Street Address of Principal Office) 1021 Ives Dairy Road, Suite 115 Miami, FL 33179 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Harrison Frye Name: 1021 Ives Dairy Road, Suite 115 Office Address: Miami 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. Si agent s signature 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Harrison Frye, Manager, 1021 Ives Dairy Road, Suite 115, Miami, FL 33179 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 pertificate is in a foreign-language, a translation of the certificate under oath of the translator must be submitted)

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Harrison Frye

Signature of six authorized derson.

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.

Typed or printed name of signee

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## <u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PROFITCOMMERCE 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 THIRTIETH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFITCOMMERCE LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2019.

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

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5R# 20194878010

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Authentication: 202924075

Date: 05-30-19