

M1900000 8893

Florida Department of State
Division of Corporations
Electronic Filing Office

**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.**

((H19000275065 3)))



H190002750653ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this
page. Doing so will generate another cover sheet.**

TO:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**Foreign Limited Liability Company
ICONIC IT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Y SCOTT

SEP 16 2019

**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.

1. Iconic IT 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," "LLC," or "LLC")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4532130

(File number, if applicable)

4. 9/1/2019(Date first commenced business in Florida, if prior to registration)
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)5. 23200 Old 41 Road Unit 208

(Street Address of Principal Office)

6. 2350 Airport Freeway Suite 300

(Mailing Address)

Bonita Springs, Florida 34135

Bedford, TX 76022

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Matthew FowlerOffice Address: 310 Grove Park DrNiceville, 32578
(City) Florida (Zip code)**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.

Matthew Fowler

(Registered agent's signature)

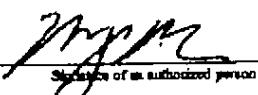
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Mike Fowler	<input type="checkbox"/> Manager	Name: Sitiina Fowler
<input checked="" type="checkbox"/> Member	Address: 30 Dickenson Crossing	<input checked="" type="checkbox"/> Member	Address: 30 Dickenson Crossing
<input type="checkbox"/> Authorized	Fairport, NY 14450	<input type="checkbox"/> Authorized	Fairport, NY 14450
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jeff Howard	<input type="checkbox"/> Manager	Name: Nick Nyberg
<input checked="" type="checkbox"/> Member	Address: 1300 Broadmoor Lane	<input checked="" type="checkbox"/> Member	Address: 16319 W. 84th Dr.
<input type="checkbox"/> Authorized	Irving, TX 75061	<input type="checkbox"/> Authorized	Arvada, CO 80007
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Chris Hoose	<input type="checkbox"/> Manager	Name: Anthony Miller
<input checked="" type="checkbox"/> Member	Address: 757 N. St. Andrews Dr	<input checked="" type="checkbox"/> Member	Address: 5581 East Manfield Ave.
<input type="checkbox"/> Authorized	Wichita, KS 67230	<input type="checkbox"/> Authorized	Denver, CO 80237
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Mike Fowler

Typed or printed name of signer

Delaware

The First State

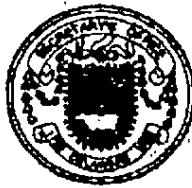
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICONIC IT 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 NINTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICONIC IT LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2019.

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

2019 SEP 13 PM 4:48
JEFFREY W. BULLOCK
SECRETARY OF STATE
DELAWARE



7359664 8300

SR# 20196436453

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

A handwritten signature of Jeffrey W. Bullock in black ink, placed over a horizontal line.

Authentication: 203383265

Date: 08-09-19