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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAI	L				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W18000100495					

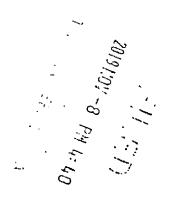




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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2018

UNMANNED SYSTEMS AND SOLUTIONS LLC KRISTEN KELLER 7114 N 30TH STREET TAMPA, FL 33610 US

SUBJECT: UNMANNED SYSTEMS AND SOLUTIONS LLC

Ref. Number: W18000100495

We have received your document for UNMANNED SYSTEMS AND SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Sterling R Abney Regulatory Specialist II

Letter Number: 918A00023735



Bank of America Plaza 101 East Kennedy Boulevard Suite 2800 Tampa, Florida 33602 813.229.7600 813.229.1660 fax

November 1, 2019

VIA PRIORITY MAIL

Ms. Yvette Scott Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Unmanned Systems and Solutions LLC

File No.: 304311-236298

Dear Ms. Scott:

As we discussed, in connection with the rejected qualification document for Unmanned Systems and Solutions LLC, a copy of which is enclosed for your reference. Attached is our firm's check for \$638.75 for the filing and late fees.

Please complete the filing and return a filed stamped copy of the qualification document in the enclosed self-addressed envelope provided for your convenience. If you have any questions, please do not hesitate to contact me via email at cbanatte@shumaker.com or direct dial at (813) 227-2331. Thank you for your assistance with this matter.

Yours truly.

Carline Banatte

/cb Enclosures

COVER LETTER

то:		ion Section of Corporation	15						
SUBJE		anned Systems	and Solutions LLC				· - ·		
00001			Name of l	Limited Liability (Company				
The en- Exister	closed "App ice, and chec	lication by For ck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza anced foreign limi	ntion to Tran ted liability	sact Busine company to	ess in Flori transact b	da," Ce usiness	rtificate of in Florida.
Please	return all co	rrespondence o	concerning this matter to the	following:					
	ŀ	Kristen Keller						2019 1:01 -8	
			Na	ime of Person			·.	10.	. †
	τ	Jnmanned Sys	tems and Solutions LLC				<u> </u>	8	- 1
	_		Fi	гт/Сотрапу			• -	Pi	
	7	7114 N 30th St	rcet				· · · · · · · · · · · · · · · · · · ·	Pii 4: 40	• '
	_			Address			2.77	O	
	7	Гатра, FL 330	510						
	-		City/St	tate and Zip Code					
	kk	eller@Precisio	-				_		
			E-mail address: (to be used	for future annual	l report noti:	fication)			
For furt	her informa	tion concerning	g this matter, please call:						
	Kristen K	eller		813 at (257-088)				
		Name o	f Contact Person	Area Code	Dayt	ime Telepho	one Numb	er	
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 Tallahassec, FL 32301							
Enclose		for the follow Filing Fec	ing amount: \$\infty\$\$\\$\$130.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy		□ \$160.00 of Status &			ficate

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

IN COMPLENCE WITH SECTION 605 0202, FLORIDA SECTUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN TIMITED LEABILITY COMPANY TO TRANSACT BUNITISS IN THE SECTE OF FLORIDA.

	anse adopted for the purpose of transacting business as Firm		пинеа парицу Солц	pasny, f.i.C., i	.w 1.1
Delaware		81-4153432			
(Jurisdiction under the law of which foreign binited liability company is organized)		···	3. (FTI number, (fapplicable)		
11/19/2018					
	(Date first transacted business in Chinda, it prior to re (See sections 695-0904 & 605-0905, E.S. to determine	gistration.)			
7114 N 30th Street			7710 N 30th Street		
(Street Address of P	rincipal Office)	0	failing Address)		
Tampa, FL 33610		Tampa, FL 336	10	•	- (
			· 		
				227	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	ĩ	17.7: -8	
			::	င္မာ	
Name:	Gregory C. Yadley, Esq.		r = .		
Office Address:	101 E. Kennedy Boulevard, Suite	2800	an t	1:40	•
	Tampa	33 Florida	602		
	(City)	, Florida	(Zip code)		

cent's signalure)

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]:

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
✓Manager	Name: Kristen Keller	Manager	Name:
Member	7114 N 30th Street	☐ Member	Address:
Authorized	Tampa, FL 33610	Authorized	
Person		Person	:
Other	Other	Other	
			; t
Manager	Michael Kenny	Manager	Name:
	Address: 7114 N 30th Street	☐ Member	Address:
Authorized	Tampa, FL 33610	☐ Authorized	- 0
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cer jurisdiction under to the translator mu 10. This document	is executed in accordance with section 605.020 iment to the Department of State constitutes a t	Torida Department of Sta , duly authenticated by thate is in a foreign languag U3 (1) (b), Florida Statuto	ite Annual Report form. The official having custody of records in the ge, a translation of the certificate under oacts. I am aware that any false information

Typed or printed name of signer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "UNMANNED SYSTEMS AND SOLUTIONS 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2019.

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

20191:07 -8 PT 4:40

Authentication: 203882094

Date: 10-28-19

6139527 8300 SR# 20197771197