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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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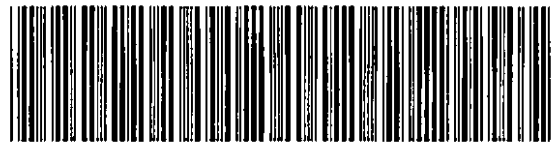
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/21/20--01028--012 **125.00

2020 JAN 21 AM 8:34

SRF
1/31/20

THE RESILIENT LAW FIRM, LLC

11555 Medlock Bridge Road, Suite 100
Johns Creek, Georgia 30097

Phone: (404) 980-2277

Email: anokonkwo@resilientlawllc.com

Fax: (678) 274 0057

01/16/2020

Florida Secretary of State
Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Application to Register Numarix Services LLC as a foreign LLC in Florida.

Enclosed Please find::

1. Check for \$125.00
2. Cover Letter
3. Completed application for registration of Numarix Services LLC as a foreign LLC in Florida
4. Certificate of Existence of Numarix Services LLC.

Please contact me at 404-980-2277 or via email at anokonkwo@resilientlawllc.com if you have any questions or concerns. Thanks.



Antonia N. Okonkwo, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUMARIX SERVICES LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANTONIA OKONKWO, ESQ

Name of Person

THE RESILIENT LAW FIRM

Firm/Company

11555 MEDLOCK BRIDGE ROAD, SUITE 100

Address

JOHNS CREEK, GA 30097

City/State and Zip Code

anokonkwo@resilientlawllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIA OKONKWO

404-980-2277

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2023 JAN 21 AM 8:34

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

IN COMPLIANCE WITH SECTION 605.0904, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NUMARIX SERVICES LLC

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

2. MISSISSIPPI

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

3. 87-0791043

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. (Street Address of Principal Office)

618 E. SOUTH STREET, SUITE 500

ORLANDO, FL 32801

6. (Mailing Address)

2703 WOODLAND BROOK LANE SE

ATLANTA, GA 30339

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

Name:

RAIYAN RAB

Office Address:

618 E. SOUTH STREET, SUITE 500

ORLANDO

(City)

32801

Florida

(Zip code)

2020 JAN 21 AM 8:31

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.

Raiyan Rab

(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]:

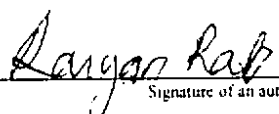
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>RAIYAN RAB</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>2703 WOODLAND BROOK LANE SE</u>	<input type="checkbox"/> Authorized	_____
Person	<u>ATLANTA, GA 30339</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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
RAIYAN RAB

Typed or printed name of signer



I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

NUMARIX SERVICES LLC

Registered the 1st day of December, 2006

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

400 Greymont Ave., Jackson MS 39202 , PO Box 16889
Jackson, MS 39236

And that the registered agent at that address is:

Rab, Raiyan

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 15th day of January, 2020

Michael Watson

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Certificate Number: CN20075969

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>