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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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 Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 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.** † I :Email Address: Foreign Limited Liability Company ⋗ INTRO, LLC Certificate of Status Certified Copy 1 Page Count 05 \$155.00 Estimated Charge

TO:

Registration Section

COVER LETTER

Division of Corporations							
SUBJECT:	Intro, LLC			<u>-</u>			
		Name of Limited Liability Company					
The enclosed Existence, an	d "Application by Foreignd check are submitted to	n Limited Liability Company o register the above referenced	for Authorization to Transact d foreign limited liability com	Business in Florida," Certificate of pany to transact business in Florida.			
Please return	all correspondence con-	cerning this matter to the follo	owing:				
	Vickie Wang						
		Name	of Person				
	Boyar.Miller						
		Firm/C	Company				
	2925 Richmond A	venue, 14th floor					
		Address					
	Houston, Texas 77	7098					
		City/State	and Zip Code				
	rmuschalik@boyarr	niller.com					
	E	-mail address: (to be used for	future annual report notificati	on)			
For further in	nformation concerning th	nis matter, please call:					
Rh	onda Muschalik	at	832 615-4249				
	Name of C	ontact Person	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					
Enclosed is a	a check for the following	amount:					
_	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy			

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 LIMITED LIABILITY

OMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA:				
Intro, LLC					
•	Limited Liability Company; must include "Limit	ed Liability Com	pany," "ELLC.," or "LLC.")		•
(Transcort transgor		•	,		
name unavailable, enter alternate na	ame adopted for the purpose of transacting business in F	orida. The alternate	name must include "Limsted Liability	Company," "L.L.C," or "LLC)
Delaware					
		3	(FEI number,		
(Jurisdiction under the law of wh	nch foreign limited bability company is organized)		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 603,0904 & 603,0905, F.S. to determ	registration.)		_	
	(See sections 603,0904 at 603 6903, P.S. in materi				
141 Remington Blvd			Remington Blvd		
(Street Address of P	rincipal Office)	0	(Mailing Address	,	-
		_			
Ronkonkoma, New Yo	rk 11779	Ron	konkoma, New York 117	/ y	
	· -				•
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Name and about address	or of Florida registered agent: (P.O. Ro	v NOT accen	table)		-
Name and street addres	ss of Florida registered agent: (P.O. Bo	× <u>NOT</u> accep	table)		•
. Name and street addres	is of Florida registered agent: (P.O. Bo	× <u>NOT</u> accep	table)	4	-
Name and street addres		x <u>NOT</u> accep	table)	200	-
. Name and <u>street addres</u> Name:	is of Florida registered agent: (P.O. Bo Capitol Corporate Services, Inc.	× <u>NOT</u> accep	table)	2020 (ALL)	•:4:
	Capitol Corporate Services, Inc.	x <u>NOT</u> accep	table)	2020 FE	121 G
		x <u>NOT</u> accep	table)	2020 FEB -	h
Name:	Capitol Corporate Services, Inc.	x <u>NOT</u> accep	_	2020 FEB - U	
Name:	Capitol Corporate Services, Inc.	x <u>NOT</u> accep		2020 FEB - U J	
Name:	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee,	x <u>NOT</u> accep	_	2020 FEB -u A	
Name:	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2	x <u>NOT</u> accep	— — 32301	2020 FEB - u A H	
Name: Office Address:	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee, (Cray)			H A H 2	
Name: Office Address: degistered agent's accep	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee, (Cny) stance: resistered agent and to accept service of	process for 1	32301 , Florida(Zip ∞de) he above stated limited lie	ability company gt the	Cone place
Name: Office Address: legistered agent's acceptaving been named as re	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee, (Cny) stance: registered agent and to accept service of them. I hereby accept the appointment	process for to as registered	32301 , Florida(Zip code) he above stated limited liagent and agree to act in	ability company gt the	Control of the place of the pla
Name: Office Address: legistered agent's accep laving been named as re lesignated in this applica o comply with the provisi	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee, (Cny) stance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope	process for to as registered	32301 , Florida(Zip code) he above stated limited liagent and agree to act in	ability company gt the	Control of the place of the pla
Name: Office Address: Registered agent's accep Having been named as re- designated in this applica- to comply with the provisi	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee, (Cny) stance: registered agent and to accept service of them. I hereby accept the appointment	process for to as registered or and comple	32301, Florida (Zip code) he above stated limited lia agent and agree to act in te performance of my du	ability company gt the	e place
Name: Office Address: Registered agent's accep laving been named as re- lesignated in this applica o comply with the provisi	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee, (Cny) stance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope	process for to as registered or and comple Kim Tadlo	32301 , Florida(Zip code) he above stated limited liagent and agree to act in	ability company gt the	ner ag

8.

The name, one or capacity and a Thie or Capacity:	ddress of the person(s) who has/have authority to manage is/are: Name and Address: 1				
Managing Member	B.J.G. Electronics, Inc.				
	141 Remington Blvd.				
	Ronkonkoma, New York 11779				
	-				

(Use attachments if necessary)

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 5.817.155, F.S.

H. Josef Merrill

Typed or pristed name of signes

<u>Delaware</u>

Page 1

The First State

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

DELAMARE, DO HEREBY CERTIFY "INTRO, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTRO, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2019.

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

7688718 8300 SR# 20200048401

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

Authentication: 202115374

Date: 01-03-20