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From:			ja]i ∑20
	Account Name	: RASCO KLOCK PEREZ	8 NAFIO, P.L.
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	Phone	: (305)476-7100	
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\*\*Enter the email address for this business entity to be used for future \_\_\_\_\_ annual report mailings. Enter only one email address please.\*\*

Email Address:	tama@ecupsecg.com
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## Foreign Limited Liability Company Eclipse Consulting Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$763.75

APR 10 000



## 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:

	(Name of foreig	n limited liability com;	илу)	
	Delaware	3.	83-4551370	
(Jurisdiction under the law of which foreign limited liability company is organized)			(ITM number, if applicable)	
	*, * <b>.</b>			
	(Date first transpoted busi	N/A	(n) registration)	
	(See sections 605,0904 & 605			
300 5	Sevilla Avenue	6.	300 Sevilla Avc.	
Suite 200		*****	Suite 200	
Coral Gables, FL 33134 (Principal Address of Principal Office)			Coral Gables, FL 33134 (Mailing Address)	
Name and stres	t of Florida registered agent:		EUARNO -	
Office Address	Coral Gables,	An., Ste. 21 EL 3313	70 FL 03 A A A A A A A A A A A A A A A A A A	
Registered Agent's Acceptance:		هُ مُ		
liability comp registered ager statutes relativ accept the obti	any at the place designated in and agree to act in this capa	n this application city. I further ago performance of	of process for the above stated lin. I hereby accept the appointmee to comply with the provisions my duties, and I am familiar with	ent of

8. The names, title or capacity, and addresses of the primary members/managers or persons authorized to manage the company are:

NAME	ADDRESS	TITLE OR CAPACITY
Tania Cruz	300 Sevilla Avenue	Member
,	Suite 200	
	Coral Gables, FL 33134	

- 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.

(Typed or printed name of signee)

State of Delaware
Secretary of State
Dichion of Corporations
Delivered 05:14 PM 02/14/2019
FILED 05:14 PM 02/14/2019
SR 20191024941 - File Number 72/82505

## CERTIFICATE OF FORMATION

OF

## ECLIPSE CONSULTING GROUP, LLC

1. The name of the limited liability company is Eclipse Consulting Group, LLC.

2. The address of its registered office in the State of Delaware is: Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of Eclipse Consulting Group, LLC this 13th day of February, 2019.

Name:

Title: Authorized Person

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECLIPSE CONSULTING GROUP, 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 MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECLIPSE CONSULTING GROUP, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2019.

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

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Authentication: 202680708

Date: 03-30-20