

5/22/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**H200001530413**

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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**  
**Sirius Computer Solutions Financial Services, LLC**

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

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MAY 26 2020

**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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sirius Computer Solutions Financial 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. Delaware 3. 36-2734737  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 10100 Reunion Place, Ste. 500 6. Same  
(Street Address of Principal Office) (Mailing Address)

San Antonio, TX 78216-4188

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

Name: C. T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.

C. T Corporation System

By: Jennifer Kurz, Asst Secretary  
(Registered agent's signature)

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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>Joe Mertens</u>	<input type="checkbox"/> Manager	Name: <u>Sirius Computer Solutions, Inc.</u>
<input type="checkbox"/> Member	Address: <u>10100 Reunion Pl. Ste. 500</u>	<input checked="" type="checkbox"/> Member	Address: <u>10100 Reunion Pl. Ste. 500</u>
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person	<u>San Antonio, TX 78216-4188</u>	Person	<u>San Antonio, TX 78216-4188</u>
<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

**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.

Joe Mertens

Signature of an authorized person

5/19/20

Joe Mertens, Manager

Typed or printed name of signer

# Delaware

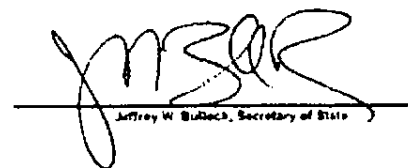
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SIRIUS COMPUTER SOLUTIONS FINANCIAL  
SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF  
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR  
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF  
MAY, A.D. 2020.

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

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Jeffrey W. Bullock, Secretary of State

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SR# 20204428783

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202977322

Date: 05-22-20