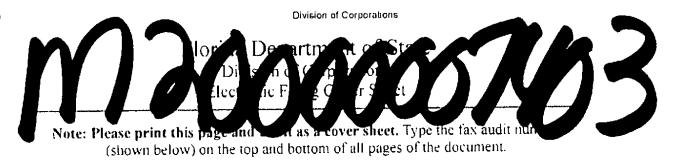
8/25/2020



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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

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

**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 75 HarrisX LLC 0 Certificate of Status हैं अप Certified Copy 147 04 Page Count ٠<u>ټ</u>٠ \$932.50 Estimated Charge

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Help



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

IN COMPLIANCE WITH SECTION (05:000), FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. UNITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA

l'éame unavailable, citter alternate na	and adigned his the perfere of transacting business in the	પ્રતિક_1):o	Membre maine must include Claimited to	Laithy Company 2.27 (120.0)	34,71.1-C.
Delaware		3.	30-0987146		_
(Jurisdiction under the law of wh	ch fereign limited liability company is organized)		(FE) numb	er, if applicable)	
08/15/2018					
	(Date first transacted business in Florida at prior to a (See sections 695 0904 & 605 0905, F.S. to determine	ne penalty	() hability)		
1808 I Street NW		6.	1808 I Street NW		
licet Address of Principal Office)		0.	(Mailing Address)		
5th Floor			5th Floor		
Washington DC, 20006	<u> </u>		Washington DC, 20006		 -
Name and street addres	5 of Florida registered agent. (P.O. Box	: <u>NOT</u>	acceptable)	2020 #:([])	
Name:	CT Corporation System			25.2	Part of the state
Office Address	1200 South Pine Island Road				ļ"
	Plantation		33324 Florida	1.44 . A	* ·
	(City)	-	(Zip code)	3	

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 samples 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.

Cristie Myers, Assistant Secretary

To:	Page	4	Λf	
10.	Page	**	Q1	٠

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 (5) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊠Manager	Dritan Nesho Name:	∑ Manager	Name. Alex Chizhik
☐Member	Address:	□ Member	Address:
□Authorized	5th Floor	□ Authoriz e d	5th Floor
Person	Washington, DC 2006	Person	Washington, DC 2006
□Other	☐Other	Other	Other
Manager	Name: Benjamin DeMeo	∏Manager	Name:
□Member	Address:	T Member	Address:
□Authorized	5th Floor	☐ Authorized	
Person	Washington, DC 20006	Person	
□Other	50.	Other	Other
⊒Manager	Name:	Manager	Name ⁻
□Member	Address:	□ Member	Address:
□Authorized			
Person		Person	
□Other	Other	()ther	Other

Important Notice_Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 outh 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 \$ 817.155, F.S.

Benjamin DeMes	Signature of an authorized pursuit
Benjamin DeMeo	
	Upped or pointed name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HARRISX 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-FIFTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203530314

Date: 08-25-20