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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

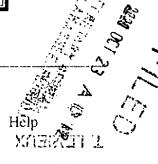
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Foreign Limited Liability Company Unified Tech Caribbean, LLC

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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 FORFIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liabilit	y Company," "L. L.C.," or "LLC.	.5)		
name unavailable, enter alternate s	name adopted for the purpose of transacting business in Fk	onda. The	ahermate name must metude "Limited	d Liability Company," "E, L.C," or "L		
Puerto Rico						
(Junisdiction under the law of which kineren limited liability company is organized)		3. (FFI aumber, if applicable)				
	(Date first transacted business in Florida, if print to t (See roctions 605 0904 & 605 0905; F.S. to determine	egistratio perpenalty	n.) Habihiy)			
9200 South Dudeland Blvd, Suite 225		6.	9200 South Dadeland Bly	South Dadeland Blvd, Suite 225		
reet Address of Principal Office)			(Mading Address)			
Miami, FL, 33156			Miami, FL, 33156			
	<u>, , , , , , , , , , , , , , , , , , , </u>					
				<u> </u>		
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	NO.		
	Corporate Creations Network Inc.					
Name:			 	\$ \$\\ \tag{\tau} \\ \tau		
Office Address:	801 US Highway 1		 			
	North Palm Beach		33408 , Florida			
	(Cuy)		(Z p cude	ري		

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.

3/	Saray Djidji, Special Secretary
(Remotered agent's signature)	

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Name and Address:	Title or Capacit	<u>Yi</u>	iame and Address:
Name: Anthony X Silva	□ Manager	Name:	
Address:	□Member	Address:	
9200 South Dadeland Blvd, Suite 225	□Authorized		
Miami, FL, 33156	Person		*****
Other	□Other		30ther
Name:	□Manager	Name:	
Address:	□Member	Address:	
	☐ Authorized		
	Person	****	
Other	□Other]Other
Name:	□Manager	Name:	
Address:	□Member	Address:	
	□Authorized	 	
	Person	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Other	□Other		∃Other
	9200 South Dadeland Blvd, Suite 225 Miami, FL, 33156 DOther Name: Address: Address: Address:	9200 South Dadeland Blvd, Suite 225 Miami, FL, 33156 Person Other Other Manager Address: Member Person Other Other Other Authorized Person Other Other Person Other Name: Address: Other Other Person Other Name: Person	9200 South Dadeland Blvd, Suite 225

Typed or printed name of signee



Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, Raúl Márquez Hernández, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, UNIFIED TECH CARIBBEAN, LLC, register number 3232, a for profit domestic Limited Liability Company organized under the laws of Puerto Rico on April 7, 2011, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, October 23, 2020.

Raúl Márquez Hernández Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.