

11/3/2020  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M2000009924**

**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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON  
Account Number : 076376001555  
Phone : (803)255-9617  
Fax Number : (561)483-7321

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gil@3dcart.com

RECEIVED  
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**Foreign Limited Liability Company  
3dcart, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

2020 NOV -3 PM 3:38

Electronic Filing Menu

Corporate Filing Menu

Help

SBF  
11/4/20

Fax Audit No. H20000381927 3

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3deart, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gonzalo Gil

\_\_\_\_\_  
Name of Person

3deart, LLC

\_\_\_\_\_  
Firm/Company

6691 Nob Hill Road

\_\_\_\_\_  
Address

Tallahassee, FL 32321

\_\_\_\_\_  
City State and Zip Code

gilg@3deart.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Calvert

561

883-8973

\_\_\_\_\_  
Name of Contact Person

at (

\_\_\_\_\_)

\_\_\_\_\_  
Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Fax Audit No. H20000381927 3

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Idcart, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware  
3. 65-0768543  
(Jurisdiction under the law of which foreign limited liability company is organized) (FLL number, if applicable)

4. (Date first transacted business in Florida; if prior to registration, see sections 605.09(4) & 605.09(5), F.S. to determine penalty liability)

5. Idcart, LLC  
(Street Address of Principal Office)  
6691 Nob Hill Road  
Tamarac, FL 33321  
6. Idcart, LLC  
(Mailing Address)  
P.O. Box 9873  
Coral Springs, FL 33073

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

Name: Capitol Corporate Services, Inc.  
Office Address: 515 East Park Avenue, 2nd Floor  
Tallahassee Florida 32301  
(City) (State) (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.

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf of  
Capitol Corporate Services, Inc.

(Registered agent's signature)

Fax Audit No. H20000381927 3

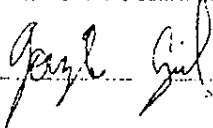
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Gonzalo Gil</u>           | <input type="checkbox"/> Manager                     | Name: <u>Gonzalo Gil</u>           |
| <input type="checkbox"/> Member             | Address: <u>6691 Nob Hill Road</u> | <input type="checkbox"/> Member                      | Address: <u>6691 Nob Hill Road</u> |
| <input type="checkbox"/> Authorized         | <u>Tamarac, FL 33321</u>           | <input type="checkbox"/> Authorized                  | <u>Tamarac, FL 33321</u>           |
| Person                                      |                                    | Person                                               |                                    |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other     | <input checked="" type="checkbox"/> Other <u>CEO</u> | <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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Gonzalo Gil  
 \_\_\_\_\_  
 Typed or printed name of signer

Fax Audit No. H20000381927 3

Fax Audit No. H20000381927 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3DCART, 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 THIRD DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3DCART, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2020.

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



4029983 8300

SR# 20208189630

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203996977

Date: 11-03-20

2020 Nov 3 3:10:22