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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

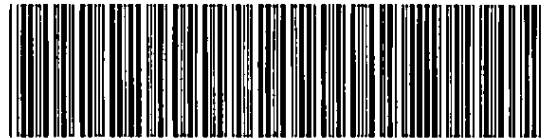
(Document Number)

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2021 JAN -4 AM 9:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

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JAN -4 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Action Data Systems, 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:

Falguni Shah
Name of Person

Action Data Systems, LLC
Firm/Company

32 Mallard Cove Way
Address

Beverington, RI 02806
City/State and Zip Code

falguni.sarla@gmail.com
E-mail address: (to be used for future annual report notification)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

For further information concerning this matter, please call:

Falguni Shah at (401) 559 3917
Name of Contact Person 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

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. Action Data Systems, 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. Rhode Island
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 32 Mallard Cove Way
(Street Address of Principal Office)

6. 32 Mallard Cove Way
(Mailing Address)

Beverington RI 02806

Beverington, RI 02806

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

Updated Registered Agent

Name:

~~Falguni Shah~~

Bill Havre

Office Address:

~~32 Mallard Cove Way~~

7901 4th St N, STE 300

~~Beverington RI 02806~~
(City)

St Petersburg, FL 33702

(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.

Falguni Shah
(Registered agent's signature)

CLERK OF STATE
DIVISION OF CORPORATE
REGISTRATION

2021 JAN -4 AM 9:16

FILED

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Feelguni Shah

☒ Member Address: 32 Mallard Cove

☐ Authorized Bassington, RI 02806

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Snehal Shah

☒ Member Address: 32 Mallard Cove

☐ Authorized Bassington, RI 02806

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ushma Shah

☒ Member Address: 32 Mallard Cove

☐ Authorized Bassington, RI 02806

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

FILED
2021 JAN -4 AM 9:16
CLERK OF COURT
JANUARY 4, 2021

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.

Feelguni Shah
Signature of an authorized person



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

ACTION DATA SYSTEMS, LLC

is a Rhode Island Limited Liability Company organized on **May 09, 2013**.

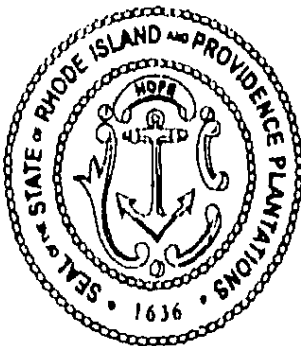
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

December 15, 2020

Secretary of State



Certificate Number: 20120069260

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: univera



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2020

FALGUNI SHAH
32 MALLARD COVE WAY
BARRINGTON, RI 02806

Rec'd
1-4-21

SUBJECT: ACTION DATA SYSTEMS LLC
Ref. Number: W20000137916

We have received your document for ACTION DATA SYSTEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The designation of the registered agent must be at a Florida street address.

Please give me a call at 850-245-6908 to get this corrected.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 120A00025583