

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
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Phone : (954)525-7500
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CBV
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Access Mgmt

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
ACCESS MANAGED SERVICES, LLC

Certificate of Status	0
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JAN 28 2021

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. ACCESS MANAGED 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. NA

(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. 5944 Coral Ridge Drive #265

(Street Address of Principal Office)

Coral Springs, FL 33076

6. 5944 Coral Ridge Drive #265

(Mailing Address)

Coral Springs, FL 33076

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

Name: IAN LIS

Office Address: 110 SE 6TH STREET, 15TH FL

FT LAUDERDALE

(City)

, Florida

33301

(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.

Ian Lis

Digitally signed by Ian Lis
DN: cn=Ian Lis, o=Trapp Corp, P.A., email=ian.lis@trappcorp.com, c=US
Date: 2021.01.19 17:16:10 -0500

(Registered agent's signature)

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FLORIDA
IN LAUDERDALE COUNTY

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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>
✓ Manager	Name: <u>SETH KAYE</u>	Manager	Name: _____
Member	Address: <u>5944 Coral Ridge Dr</u>	Member	Address: _____
Authorized	<u>#265</u>	Authorized	_____
Person	<u>CORAL SPRINGS FL 33076</u>	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	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.817.153, F.S.

Ian Lis

Digitally signed by Ian Lis
DN: cn=Ian Lis, o=Ian Lis, email=ian@ianlis.com, c=US
Date: 2021.01.19 17:22:58 -0500

Signature of an authorized person

IAN LIS, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signor

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCESS MANAGED 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-FIFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCESS MANAGED SERVICES LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2020.

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


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SECRETARY OF STATE
DELAWARE



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Jeffrey W. Bullock, Secretary of State

Authentication: 202357253

Date: 01-25-21

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