

M21000007504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

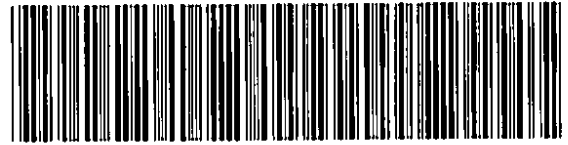
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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7/1/2021 10:00 AM 1000 1000

2021 JUN -2 AM 9:40  
RECEIVED  
STATE  
TREASURY

JUN 17 2021  
M. SOLOMON

COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Biconvex 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:

Henry Talbot  
Name of Person

Biconvex LLC  
Firm/Company

8300 Greensboro Dr., Suite L1-676  
Address

McLean, VA 22102  
City/State and Zip Code

htalbot@biconvex.com  
E-mail address: (to be used for future annual report notification)

FILED  
2021 JUN -2 AM 9:40  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Henry Talbot 917 676-4296  
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

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. Biconvex 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. \_\_\_\_\_  
(FEI number, if applicable)

4. Not yet transacting business in Florida  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6780 SW 69th Ave  
(Street Address of Principal Office)

6. 8300 Greensboro Dr., Suite L1-676  
(Mailing Address)

Miami, FL 33143

McLean, VA 22102

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

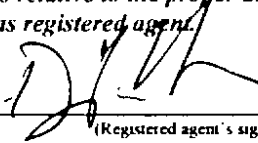
Name: David Walsh

Office Address: 6780 SW 69th Ave

Miami, Florida 33143  
(City) (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.

  
(Registered agent's signature)

FILED  
2021 JUN -2 AM 9:40  
CLERK OF DISTRICT COURT  
JULY 1 2021

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: David Walsh

☐ Member Address: 6780 SW 69th Ave

☐ Authorized Miami, FL 33143

Person

☐ Other ☐ Other

☐ Manager Name: Robert Brown

☐ Member Address: 8300 Greensboro Dr.

☒ Authorized Suite 1.1-676

Person McLean, VA 22102

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

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

☒ Manager Name: Henry Talbot

☐ Member Address: 8300 Greensboro Dr.

☐ Authorized Suite 1.1-676

Person McLean, VA 22102

☐ Other ☐ Other

☐ Manager Name: Caitlin Botting

☐ Member Address: 8300 Greensboro Dr.

☒ Authorized Suite 1.1-676

Person McLean, VA 22102

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

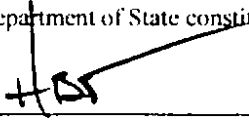
Person

☐ 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.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Henry Talbot  
\_\_\_\_\_  
Typed or printed name of signer

2021 JUN -2 AM 9:41  
STATE OF FLORIDA  
DEPARTMENT OF STATE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BICONVEX 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-SECOND DAY OF APRIL, A.D. 2021.

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7015946 8300

SR# 20211400072

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203036141

Date: 04-22-21