

121000009287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

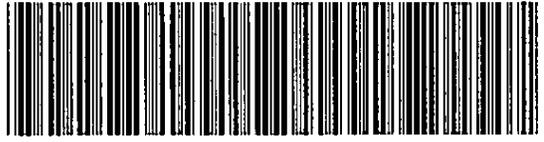
(Business Entity Name)

(Document Number)

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STATE  
OFFICE  
FLORIDA

*[Handwritten signature]*



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. Technology 24-7 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. 84-5075845 (FEI number, if applicable)

4. July 1, 2021 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 1313 Ponce de Leon Boulevard (Street Address of Principal Office)
Suite 301
Coral Gables, Florida 33134
6. 1313 Ponce de Leon Boulevard (Mailing Address)
Suite 301
Coral Gables, Florida 33134

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

Name: Jorge Sanchez-Galarraga
Office Address: 1313 Ponce de Leon Boulevard, Suite 301
Coral Gables, Florida 33134
(City) (Zip code)

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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)

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:**  **Manager** **Name and Address:** Name: Jorge Pinzon  
 Address: 1313 Ponce de Leon Boulevard  
Suite 301  
Coral Gables, Florida 33134  
 **Member**  
 **Authorized Person**  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Title or Capacity:**  **Manager** **Name and Address:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 **Member**  
 **Authorized Person**  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person**  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person**  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

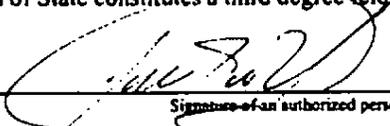
**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person**  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**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  
 Jorge Pinzon, Manager  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TECHNOLOGY 24-7 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 THIRTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TECHNOLOGY 24-7 LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2020.

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



7887266 8300

SR# 20212691857

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: 203660904

Date: 07-13-21

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:16 AM 03/06/2020  
FILED 11:16 AM 03/06/2020  
SR 20201968466 - File Number 7887266

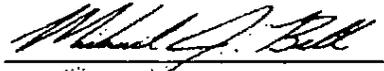
**CERTIFICATE OF FORMATION  
OF  
Technology 24-7 LLC**

(A Delaware Limited Liability Company)

**First:** The name of the limited liability company is: Technology 24-7 LLC

**Second:** Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this March 06, 2020.



Harvard Business Services, Inc., Authorized Person  
By: Michael J. Bell, President