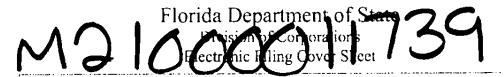
From: Ranae McGraw

8/20/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:							
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Foreign Limited Liability Company

NETGAIN TECHNOLOGIES OF FLORIDA, LLC / NETGAIN TECHNOLOGIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 405 0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANYIOTRANS ACTIBUSINES SOFT DETAILORIDA:

ame unuvarilable, color altamale s	ranic adopted for the purpose of transacting business in Flo	side. The strengte name must obtained "Canated Luch big	y Company 2 of Table Committee in
Delaware		3	
alured choicunder the few or w	high foreign limited liability company is organized)	(FF) number of	applicable)
Upon Filing			
	(Pate first transacted bitsures in Fluids of pero to (See sections 99) (993 & 605 0905, F.S. to Jeterial	egystestom) ne penalty liability (
2031 Georgetown Rd.		2031 Georgetown Rd.	
(LAddress of Pancipal Other)		6 Mailie Address	
Lexington, KY 40511		Lexington, KY 40511	
Name and <u>street addres</u>	ss of Florida registered agent (P.O. Box	<u>N()T</u> acceptable)	2021 A.
Name and street addres Name.	of Florida registered agent (P.O. Box	<u>N()T</u> acceptable)	2021 AU 3 20
Name.		<u>N()T</u> acceptable)	2021 AUS 20 PH
	1200 South Pine Island Road Plantation	3,3324	2021 MTS 20 PH 3: 50
Name.	1200 South Pine Island Road Plantation		2021 MTS 20 PH 3: 50

From: Ranae McGraw

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 (5) total]:

2021-09-07 07:47:31 CST

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
_ Manager	Name: Dwight Sawin	XManager	Name: Tim Burke
⊒Meπibei	Address: 2031 Georgetown Rd.	Member	Address: 20,31 Georgetown Rd.
Ĩ Authorized	Lexington, KY 40511	Z Authorized	Lexington, KY 40511
Person		Person	
Other	Other	□Other	Other
⊒Manager	Name:	_ Manager	Name
I Member	Address:	_Member	Address:
T.Authorized		- Authorized	
Person		Person	
_Other	Other	Other	
Manager	Name:	∐Mosage)	Name
T. Member	Address:	Member	Address:
Authorized		T 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. Nonindexed 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. Lam aware that any talse information submitted in a document to the Department of State constitutes a third degree relong as provided for in \$ 817.155, F.S.

=		win_
	Signatii v of an authorized p	PK (See)
Swight Sawin		

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NETGAIN TECHNOLOGIES, 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 TWENTIETH DAY OF AUGUST, A.D. 2021.

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

Authentication: 203974480

Date: 08-20-21