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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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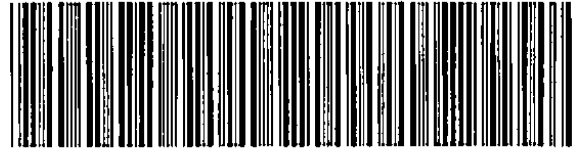
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF THE STATE
OF FLORIDA
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thundercat Technology, 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:

Jean Kim

Name of Person

Thundercat Technology

Firm/Company

1925 Isaac Newton Sq E Suite 180

Address

Reston, VA 20190

City/State and Zip Code

contracts@thundercattech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Kim

703

674-0216

at ()

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Thundercat Technology, 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 "

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

3. 26-1638572
(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. 1925 Isaac Newton Sq E
(Street Address of Principal Office)

6. 1925 Isaac Newton Sq E
(Mailing Address)

Suite 180

Suite 180

Reston, VA 20190-5030

Reston, VA 20190-5030

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

Jackie DeFilippis
(Registered agent's signature)

Jackie DeFilippis on behalf of InCorp Ser

LOUISIANA STATE
CORPORATION
OFFICE
1/11/2011 10:00 AM

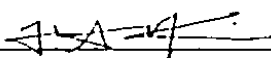
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Thomas Deirelein</u>	<input type="checkbox"/> Manager	Name: <u>Jean Kim</u>
<input checked="" type="checkbox"/> Member	Address: <u>19 Westbury Road</u>	<input type="checkbox"/> Member	Address: <u>1925 Isaac Newton Sq</u>
<input checked="" type="checkbox"/> Authorized	<u>Garden City, NY 11530</u>	<input checked="" type="checkbox"/> Authorized	<u>Reston, VA 20190</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Matthew Smith</u>	<input type="checkbox"/> Manager	Name: <u>David Schlosser</u>
<input type="checkbox"/> Member	Address: <u>1925 Isaac Newton Square, Suite</u>	<input type="checkbox"/> Member	Address: <u>1925 Isaac Newton Sq</u>
<input checked="" type="checkbox"/> Authorized	<u>Reston, VA 20190</u>	<input checked="" type="checkbox"/> Authorized	<u>Reston, VA 20190</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Junjun Malatesta</u>	<input type="checkbox"/> Manager	Name: <u>Brad Oyer</u>
<input type="checkbox"/> Member	Address: <u>1925 Isaac Newton Square</u>	<input type="checkbox"/> Member	Address: <u>1925 Isaac Newton Sq</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 180</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 180</u>
Person	<u>Reston, VA 20190</u>	Person	<u>Reston, VA 20190</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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 record jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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

Jean Kim

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

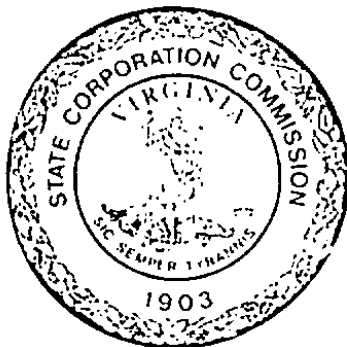
I Certify the Following from the Records of the Commission:

That ThunderCat Technology, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on December 27, 2007; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 2, 2021

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission