# Maa0000 3887

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700382438497





S. HAWKES MAR - = 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE : 542737 7573217

AUTHORIZATION :

COST LIMIT : \$(Y25.00

ORDER DATE: March 11, 2022

ORDER TIME : 8:25 AM

ORDER NO. : 542737-005

CUSTOMER NO: 7573217

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: ENGENIUSMICRO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

#### **COVER LETTER**

•

TO:

Registration Section

**Division of Corporations** 

SUBJECT:					
	Name of Limited Liability Company				
The enclose Existence, a	d "Application by Foreign Limited Liability (and check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please retur	n all correspondence concerning this matter to	the following:			
	Michael Whitley				
		Name of Person			
	EngeniusMicro, LLC				
		Firm/Company			
	1300 Meridian Street N Suite 3000.	A			
		Address			
	Huntsville, AL 35801				
	C	ity/State and Zip Code			
	michael.whitley@engeniusmicro.com	n			
	E-mail address: (to be	used for future annual report notification)			
For further i	information concerning this matter, please cal	1:			
Er	nily Murray	479 264-7965			
	Name of Contact Person	Area Code Daytime Telephone Number			
Re	ailing Address: egistration Section vision of Corporations	Street Address: Registration Section Division of Corporations			
	O. Box 6327	The Centre of Tallahassee			
Та	Illahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ple	closed is a check for the following amount: tase make check payable to: FLORIDA DEP \$125.00 Filing Fee	e & 🖂 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company: must include "Limited	a maoniy	y Company, 1.1.C., or Elic., )			
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Lia	bility Company," "I	L.C," or	TLLC."
Georgia		3.	26-0338858			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	(FEI numbe	er, if applicable)		_
01/01/2022						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration	ı.) liability)			
1300 Meridian Street N Suite 3000A			1300 Meridian Street N St			
treet Address of Principal Office)			(Mailing Address)			_
Huntsville, AL 35801			Huntsville, AL 35801			
					7	
Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)		· <b>`</b>	-
Name:	Corporation Service Company			•	5 <b>≅</b>	] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [
Office Address:	1201 Hays Street				AH 10: 09	(b act
	Tallahassee		<b>32301</b> , Florida			
	(City)					

#### 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.

Corporation Service Company

By: Wilm assistant va president

(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: Name and Address: Title or Capacity: Name and Address: Name: Fallon Cornett Name: Emily Murray □Manager □Manager Address: \_\_\_\_ 1300 Meridian street N □Member ☐ Member Suite 3000A Suite 3000A Authorized ■ Authorized Huntsville, AL 35801 Huntsville, AL 35801 Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Other Name: Michael Kranz Name: Brian English ■Manager ■Manager Address: \_ Address: 1300 Meridian street N □Member □Member Suite 3000A Suite 3000A □ Authorized □ Authorized Huntsville, AL 35801 Huntsville, AL 35801 Person Person Other\_\_\_\_Other\_ □Other □Other Name: □ Manager Name: \_\_\_\_ □Manager ☐ 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. 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. 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. Michael R. White

Signature of an authorized person

Typed or printed name of signee

Michael Whitley

Control Number: 07016054

### STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **ENGENIUSMICRO, LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22751269 Date Inc/Auth/Filed: 02/21/2007 Jurisdiction : Georgia Print Date : 03/14/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State