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(City/State/Zip/Phone #)

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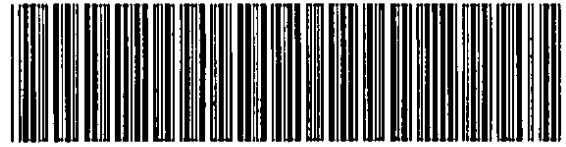
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PEPITONE & FASULLO
(A Professional Law Corporation)
ATTORNEYS AND COUNSELORS AT LAW

CHRISTIAN P. FASULLO*
*LL.M. (TAXATION)
*LICENSED IN TEXAS
AND LOUISIANA

8680 BLUEBONNET BLVD., STE. F.
BATON ROUGE, LOUISIANA 70810
TELEPHONE 225. 767. 0083
FAX 225. 769. 7183

February 23, 2022

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SENT VIA MAIL

RE: Registering Acadian Technology Group, LLC

To Whom This May Concern:

Please receive the enclosed check no. 1173 in the amount of \$130.00 and file the registration for Acadian Technology Group, LLC. Once this corporation has been filed, please return a Certificate of Status to our office.

If you have any questions, feel free to contact our office at your earliest convenience.

Sincerely,

PEPITONE & FASULLO, APC


Christian P. Fasullo

CPF/sms
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Acadian Technology Group, 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:

Bryan Naquin

Name of Person

Acadian Technology Group, LLC

Firm/Company

10552 Perkins Road

Address

Baton Rouge, LA 70810

City/State and Zip Code

bryan@aciexperts.net

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

For further information concerning this matter, please call:

Bryan Naquin

225

906-2589

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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Acadian Technology Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Acadian Technonly Group of Florida, 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. Louisiana
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FBI 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. 218 E. Bearss Ave. #315, Tampa, FL 33613
(Street Address of Principal Office)
6. 10552 Perkins Road, Baton Rouge, LA 70810
(Mailing Address)

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

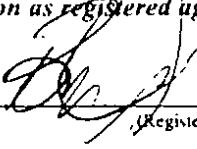
Name: Bryan Naquin

Office Address: 218 E. Bearss Ave. #315

Tampa . Florida 33613
(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)

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2022 FEB 28 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Bryan Naquin

☐ Member Address: 218 E. Bearss Ave.

☐ Authorized Tampa, FL 33613

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: John Hunt

☐ Member Address: 218 E. Bearss Ave.

☒ Authorized Tampa, FL 33613

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

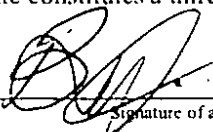
Person _____

☐ 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

Bryan Naquin

Typed or printed name of signer



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

ACADIAN TECHNOLOGY GROUP, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on February 21, 2022,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

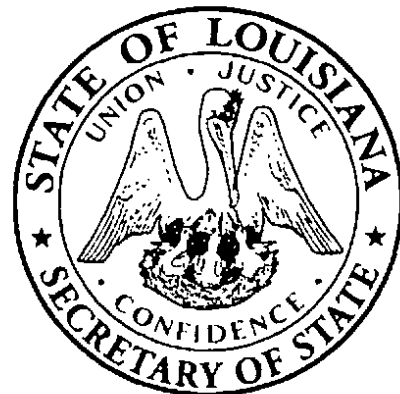
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 23, 2022

Secretary of State

Web 44811177K



Certificate ID: 11530841#CFG62

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.

www.sos.la.gov