M2200006334

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| SECSED AND A DEVICE FALLAHASSEF, FLORIDA | 2022 APR 22 PH 2: 35 | FILED |
|--|----------------------|----------|
| DIRECTORS OFFICE DIVISION OF CORPORATIONS TALLANASSEE, FLORIDA | 2022 APR 22 PM 4:00 | RECEIVED |

Office Use Only



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

| Date:04/2 | 22/2022 | | | |
|-----------------|--------------|--------------------------|-------------|---|
| Name: | Chris Vick | | | |
| Reference #: | 1654225 | | | |
| Entity Name: | SUMMERSE | T TECHNOLOGIES LLC | | |
| | | ion to Transact Business | | |
| | | | | |
| Change of | Agent | - | ~2 | |
| 🗌 Reinstaten | nent | | 022 | |
| Conversion | n | | 2022 APR 22 | |
| Merger | | | | |
| Dissolution | n/Withdrawal | | H 2: 35 | 0 |
| Fictitious N | lame | 4 () 4 | 2m: 0 | |
| Other | | | | - |
| Authorized Amou | nt: \$125.00 | | | |

FEUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES REGISTRY +6610712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (020 3941 3080 ** ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG + ONG LIWIED COMPARA UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG B + 455 22(52) (12)

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: _____

Summerset Technologies 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:

Holly A. Bonamer Name of Person Sugar Felsenthal Grais & Helsinger LLP Firm/Company 30 N. LaSalle St., Ste. 3000 Address Chicago, IL 60602 City/State and Zip Code hbonamer@sfgh.com E-mail address: (to be used for future annual report notification) _____ at (______)____ Area Code Holly A. Bonamer 992-8269 Daytime Telephone Number Name of Contact Person

MAILING ADDRESS: **Division of Corporations Registration Section** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS: Division of Corporations

Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

S125.00 Filing Fee

S130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

For further information concerning this matter, please call:

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. | Summ | erset Technologies L | LC | | | |
|------|--|---|--|------------------------|-------------|--|
| | (Name of Foreign Limited Liability Company; mu | st include "Limited Liability Comp | iny," "L.L.C ," or "LLC.") | | | |
| (1f) | name unavailable, enter alternate name adopted for the purpose of transa | cting business in Florida. The alternate n | ame must include "Limited Liability Co | ompany," "L.L.C," or " | LLC.") | |
| 2. | Texas | 3. | | 85-0788347 | | |
| | (Jurisdiction under the law of which foreign hinited hability company | is organized) | (FEI number, if ap | oplicable) | | |
| 4. | 04/ | 17/2020 | | | | |
| 7. | (Date first transacted business) (See sections 605,0904 & 605, | n Florida, if prior to registration.) 0905, F.S. to determine penalty liability) | | - -, ~2 | | |
| 5. | 3201 Bee Cave Rd., Suite 120 | 6. | | 2022 APR | | |
| | (Street Address of Principal Office) | | (Mailing Address) | PR 2 | - 1 : | |
| | #160782 | | | 22 ASSE | ו 11–11– | |
| | Austin, TX 78746 | | | PH 2: | Ö | |
| _ | | | | BIOA | | |
| 1. | Name and street address of Florida registered age | nt: (P.O. Box <u>NUT</u> accepta | ible) | | | |
| | Name: COGENCY | GLOBAL INC. | | | | |
| | Office Address: 115 North Ca | lhoun St. Suite 4 | | | | |

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.

32301

(Zap code)

, Florida

Tallahassee

(City)

(Registered agent's signature)

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---------------------|----------------------------|--------------------|----------------------------|
| Manager | Name: John A. Lilly | 🗵 Manager | Name: Joseph Bihner |
| Member | Address:3201 Bee Cave Rd. | Member | Address: 3201 Bee Cave Rd. |
| Authorized | Suite 120, #160782 | [] Authorized | Suite 120, #160782 |
| Person | Austin, TX 78746 | Person | Austin, TX 78746 |
| Other | []Other | []Other | Other |
| [×]Manager | Name: Ron Workman | ⊠ Manager | Name: Todd Holmes |
| Member | Address: 3201 Bee Cave Rd. | | Address: 3201 Bee Cave Rd. |
| | Suite 120, #160782 | Authorized | Suite 120, #160782 |
| Person | Austin, TX 78746 | Person | Austin, TX 78746 |
| Other | [Other | Other | Other |
| ⊠Manager | Name: Kevin Cole | 🗌 Manager | Name: |
| [_]Member | Address:3201 Bee Cave Rd. | | Address: |
| Authorized | Suite 120, #160782 | Authorized | |
| Person | Austin, TX 78746 | Person | |
| Other |]Other | Other | Other |

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]:

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.

Signature of an authorized person

John A. Lilly

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Summerset Technologies LLC (file number 803596440), a Domestic Limited Liability Company (LLC), was filed in this office on April 14, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 10, 2022.



John B. Scott Secretary of State