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AUG 25 2022

## CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 08/25/2022

Acc#I20160000072

*mic DW*

Name:	ADVANCED CONNECTIVITY, LLC
Document #:	
Order #:	14508445

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
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Certificate of Good Standing:	<input type="checkbox"/>			
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Amount: \$ 155.00

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Advanced Connectivity, 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:

Neshantia Williams

\_\_\_\_\_  
Name of Person

Advanced Connectivity, LLC

\_\_\_\_\_  
Firm/Company

7600 Windrose Ave , Suite G-240

\_\_\_\_\_  
Address

Plano, Texas 75024

\_\_\_\_\_  
City/State and Zip Code

tmscompliance@toyota-ums.com

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

For further information concerning this matter, please call:

Safil Virkar

469

697-0080

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. Advanced Connectivity, 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 "LLC.")

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

3.   
(FEI number, if applicable)

4.   
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 7600 Windrose Ave Suite G-240  
(Street Address of Principal Office)

6. 7600 Windrose Ave Suite G-240  
(Mailing Address)

Plano, TX

Plano, TX

75024

75024

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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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)

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>Mark Templin</u>	<input type="checkbox"/> Manager	Name: <u>Will Nicklas</u>
<input checked="" type="checkbox"/> Member	Address: <u>7600 Windrose Ave Suite G-240</u>	<input checked="" type="checkbox"/> Member	Address: <u>7600 Windrose Ave Suite G-240</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized	<u>Plano, TX 75024</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>Craig Lozofsky</u>	 <input type="checkbox"/> Manager	Name: <u>Steve Basra</u>
<input checked="" type="checkbox"/> Member	Address: <u>7600 Windrose Ave Suite G-240</u>	<input checked="" type="checkbox"/> Member	Address: <u>7600 Windrose Ave Suite G-240</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized	<u>Plano, TX 75024</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>Yasukaza Furuya</u>	 <input type="checkbox"/> Manager	Name: <u>Arifumi Muraishi</u>
<input checked="" type="checkbox"/> Member	Address: <u>7600 Windrose Ave Suite G-240</u>	<input checked="" type="checkbox"/> Member	Address: <u>7600 Windrose Ave Suite G-240</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>
Person	_____	Person	_____
<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. 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.

Neshantia Williams  
5574448043634BF

Signature of an authorized person

Neshantia Williams

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ADVANCED CONNECTIVITY, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

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



6002098 8300

SR# 20223341591

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204231172

Date: 08-23-22