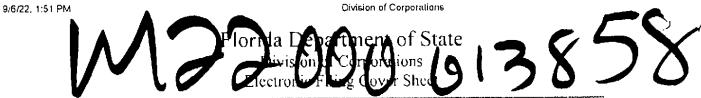
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From: Kaity Toon

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

3:44

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Moder Solutions, LLC

| Certificate of Status | Ü |
|-----------------------|----------|
| Certified Copy | I |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

S. FRANKLIN

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Help

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 FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Moder Solutions, LLC | | | | | | |
|--|---|---------------------------|--|-----------------------|--|--|
| (Name of Foreign | Limited Liability Company; must include "Limites | Liability | Company," "L.I. C.," or "FLC,") | | | |
| | | | | | | |
| (If name unavariable, enter alternate r | iams adopted for the purpose of transacting business in H | orida. Hie a | lternate name must mehide "Taimted Liability Company," | -1,.t.C," ot "Lt.C.") | | |
| Delaware | | 2 | 46-4943618 | | | |
| (Jurisdiction under the law of w | high foreign limited liability company is organized) | 3 | | | | |
| Upon filing | | | | | | |
| 4 | Date first transacted business in Burids of princip | and citum | 1 | | | |
| | (Date first transacted business in Florida, if prior to 1880 sections 603 0904 & 603 0905, F.S. to determi | ne penalty l | iability) | | | |
| 10500 Kineaid Dr. Ste. 111 5 | | 6. | 1400 E Newport Center Dr., Ste. 102 | 1014 6 1 3 - 6 | | |
| 5. (Street Address of Principal Office) | | <i>0.</i> - | (Mailing Address) | | | |
| Fishers, IN 46037 | | Deerfield Beach, FL 33442 | | | | |
| | · | - | | | | |
| | | | | Pii | | |
| | | - | | . با ن | | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | NOT a | cceptable) | ව | | |
| | | | | | | |
| Na | C T Corporation System | | | | | |
| Name: | | | | | | |
| Office Address: | 1200 South Pine Island Road | | | | | |
| | Plantation | | 33324 | | | |
| | | | , Florida | | | |
| | (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.

C T Corporation System Alfred Younan

By: Assistant Secretary

(Registered agent's signature)

To:

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: |
|--------------------|---------------------------|--------------------|---------------------------|--------------|---------------------------------------|
| □Manager | Name: Moder, LLC | 🕱 Manager | Name: Arc | hwell Manage | ment, LLC |
| ₩Member | Address: | □Member | Address: | | |
| □Authorized | Stc. 102, | □ Authorized | Ste. 102. | | |
| Person | Decrticld Beach, FL 33442 | Person | Decrifeld Beach, FL 33442 | | |
| □Other | Other | Other | | □Other | |
| □Manager | Name: | ☐ Manager | Name: | | |
| □Member | Address: | ⊡Member | Address: | | |
| □Authorized | | □Authorized | | | |
| Person | | Person | | | 20'!2 |
| □Other | □ Other | ⊡Other | | □Other | <u> </u> |
| | | | | | 5 |
| □Manager | Name: | □Manager | Name: | | |
| □Member | Address: | □Member | Address: | | <u>두</u> |
| □Authorized | | □Authorized | | | <u></u> |
| 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.

| Matthew 3 (Neather (Marg 25, 2020 11-53 CD*) | | |
|--|-----------------------------------|--|
| | Signature of an authorized person | |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MODER SOLUTIONS, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2022.

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



Authentication: 204197206

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