# M2200015445

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

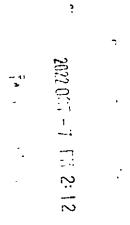
Office Use Only



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## COVER LETTER

ECT:Nam	e of Limited Liability Company		
closed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo		
return all correspondence concerning this matter t	o the following:		
	Name of Person		
Anderson, Johns, Yao &	Davis CPAs P.C.		
	Firm/Company		
4126 Pond Hill Rd.	Suite 100		
	Address		
Shavano Park, Tx 7	<sup>7</sup> 8231		
C	ity/State and Zip Code		
E-mail address: (to be	e used for future annual report notification)		
ther information concerning this matter, please ca	11:		
Simon Andersson	at ( 2 10 ), 696 - 9400  Area Code Daytime Telephone Number		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, Fl. 32314	2415 N. Monroe Street. Suite 810		
Tananassee, 11, 52514	Tallahassee, FL 32303		

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

IN COMPLIANCE WITH NECTION 605/602, FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L Curity, LLC (Name of Foreign Limited Liability Company, must include "Limited Unbility Company, 1-1, C," or 1,1,0,") If name unavailable, enter alternate name adopted for the purpose of it insacting business in Florida. The alternate name must include "Limited Liability Company," "LLC" or "LLC." Lexas (Jarisdiction under the law of which foreign limited liability company is organized) 1/1/2020 (Date first transacted business in Florida, if prior to registration ) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) to, 7901 4th St N STE 300 (Mailing Address) 4126 Pond Hill Rd. Suite 100 (Street Address of Principal Office) SHAVANO PARK TEXAS 78281 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address:

#### Registered agent's acceptance:

St. Petersburg

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.



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]:

Name and Address:	Title or Capacit	77	Name and Address:
Name: Simon Andersson	□Manager	Name:	
Address: 4126 Pond Hill Rd. Suite 100	□ Member	Address:	
Sharano Part, TX	□ Authorized		
78231	Person		
Cother	□(ther		_Other
Name:	□Manager	Nume:	
Address:	□Member	Address:	····
	□Authorized		
···	Person	<del></del>	
Other	□Other		□Other
Name:	∃Munager	Name:	
Address:	□Member	Address:	
	□Authorized		
	Person		
□Other	□Other	<del></del>	□Other
s may be added to the index when filing your Flotificate of existence, no more than 90 days old, of the law of which it is organized. (If the certificate ist be submitted)  is executed in accordance—with section 605.0203 iment to the Department of State constitutes a thi	orida Department of Statuly authenticated by the is in a foreign langual of (1) (b). Florida Statuted degree felony as pro-	ate Annual Reported the official having get a translation less I am aware the	rt form. g custody of records in the of the certificate under oath nat any false information
	Name: Simon Andersson  Address: 4126 Pond Hill Rd Suite 100  Shard Ao Rock, TX  78231  GOther  Name: Address: Gother  Name: Address: Gother  See an attachment to report more than six (6). The may be added to the index when filing your Flot tificate of existence, no more than 90 days old, of the law of which it is organized. (If the certificate ist be submitted) is executed in accordance—with section 605,0203 ment to the Department of State constitutes a thi	Name: Simon Andersson	Simon Andersson   Smanager   Name:

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



John B. Scott Secretary of State

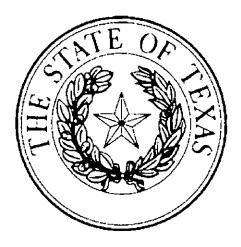
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Curity, LLC (file number 802911217), a Domestic Limited Liability Company (LLC), was filed in this office on January 18, 2018.

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 August 26, 2022.



John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 1173136930003