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To:

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

IN COMPLIANCE WITH SECTION 695,0002, FLOREM STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SKYNET INNOVATIONS LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," of "LLC,"

4	(Date first transacted business in Florida, if prior in registratio (See sections 605,0904 & 605,0905, F.S. to determine penalty	n) y (iability)			
6871 STEGER DRIVE	6.	6871 STEGER DRIVE			
5. (Sirect Address of Principal Office)	0.	(Mailing Address)		2622	-
CINCINNATI, Ohio, 45237		CINCINNATI, Ohio, 45237	ŕ		
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		· · · · · · · · · · · · · · · · · · ·		ᇤ	-
7. Name and steps address	s of Florida registered agent: (P.O. Box NOT	acceptable)	·, ".	 	(<u>.</u>
7. Name and street agores	2 of 1 thinds registered agents (1.10.130)		<u>a</u> :	بب	
V	C T Corporation System			23	
Name:					
Office Address:	1200 South Pine Island Road				
	Plantation	33324			

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.

(City)

By: (Registered agent's agruture)	Rachel O'Connor - Assistant Secretar
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(Zip code)

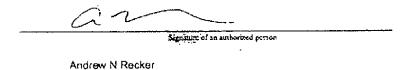
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

To:

Title or Capacity:	Name and Address:	Title or Capacit	Y :	Name and Address:
□Manager	Name: ANDREW RECKER	□Manager	Name:	
⊞ Member	Address:	□Member	Address:	
□ Authorized	6871 STEGER DRIVE	□Authorized		
Person	CINCINNATI, Ohio, 45237	Person		1_10
□Other	Other	□ Other		□ Other
□Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□ Authorized		
Person		Person	•••	
□Other	Other	Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
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. 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 fellony as provided for in s.817.155, F.S.



To: Page:6 of 6 2022-11-08 13:52.02 CST 16144554862 From: James Tanks

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SKYNET INNOVATIONS LLC, an Ohio Limited Liability Company, Registration Number 1788043, was organized in the State of Ohio on June 18, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of November, A.D. 2022.

Ohio Secretary of State

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