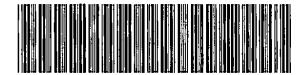
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(Red	questor's Name)	
(Àdo	dress)	
(Ado	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to l	Filing Officer;	}
		;

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Longwood TelCo, LLC			
CODUC	Name of Limited Liability Company			
		mpany for Authorization to Transact Business in Florida, erenced foreign limited liability company to transact busi		
Please re	turn all correspondence concerning this matter to the	ne following:		
	Brian D. Trahan			
		Name of Person		
	BDT Consulting, LLC			
	Firm/Company			
	PO Box 117		202 Par - B	
	Address			
	Ponte Vedra Beach FL 32004			
	City/State and Zip Code			
	btrahan@logisticsinvm.com		 ۱ ان	
	E-mail address: (to be us	sed for future annual report notification)	J	
For furth	er information concerning this matter, please call:			
	Brian Trahan	646 300-2940 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 DEPAF ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of S	: 🗀 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee,		

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fi	orida. The alternate name must include "Limited Liability Con	mpany," "L.L.C." or "L.L.C.")
Delaware		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if appli	cable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ne penalty liability)	
Business Filing Incorp		Dann Thomasson	
treet Address of Principal Office)		6. (Mailing Address)	
108 West 13th Street		PO Box 3051	
Wilmington, DE 1980	<u> </u>	Ponte Vedra Beach FL 32004	57 Earl C - 2 H. M. U.S
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	= = :
Name and street address	_		J
Name and street address Name:	Brian D. Trahan		J.
	_ • •		Jī
Name:	Brian D. Trahan	32082 , Florida	Ji
Name:	Brian D. Trahan 416 Sea Spray Lane		J

(Registered agent's signature)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LONGWOOD TELCO, 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 FIFTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LONGWOOD TELCO,

LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 205008879

Date: 12-05-22

6642654 8300 SR# 20224177376