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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*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  
SUPPLIER MANAGEMENT SOLUTIONS, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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S. ROBERTS

JAN - 3 2023

# 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. Supplier Management Solutions LLC

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

2. California

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

3. 26-4433434

(FEI number, if applicable)

4. Upon Filing

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 5963 LA PLACE COURT

(Street Address of Principal Office)

6. 1305 PICKERING PKWY

(Mailing Address)

SUITE 206

SUITE 400

CARLSBAD, CA 92008

PICKERING, ON Canada L1V3P2

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

(City)

33324

(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.

By: C T Corporation System  
Kaity Toon, Asst Sec

(Registered agent's signature)



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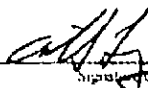
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Emmanuel Marquis	<input checked="" type="checkbox"/> Manager	Name: Steffen Spell
<input type="checkbox"/> Member	Address: 1305 Pickering Pkwy	<input type="checkbox"/> Member	Address: 5963 La Place Court
<input type="checkbox"/> Authorized	Ste 400	<input type="checkbox"/> Authorized	Suite 206
Person	Pickering, ON Canada L1V 3P2	Person	Carlsbad, CA 92008
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Tony Long	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1305 Pickering Pkwy	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ste 400	<input type="checkbox"/> Authorized	_____
Person	Pickering, ON Canada L1V 3P2	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
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.

  
 \_\_\_\_\_  
 Signature of an authorized person

TONY LONG, MANAGER

\_\_\_\_\_  
 Typed or printed name of signer



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	SUPPLIER MANAGEMENT SOLUTIONS, LLC
Entity No.:	201413210137
Registration Date:	02/19/2009
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 23, 2022.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, PH.D.  
Secretary of State

Certificate No.: 068673936

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).