

M23000000676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

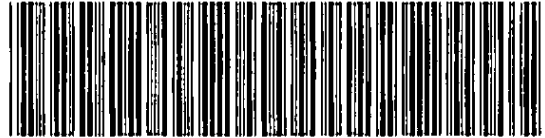
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S. FRANKLIN

JAN 19 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Veracity Technology Solutions LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jim Wagner

Name of Person

Veracity Technology Solutions LLC

Firm/Company

12407 N MoPac Epressway Ste 250-415

Address

Austin, TX 78758

City/State and Zip Code

Jim.wagner@tridenttsg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Wagner

512

797-0330

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. Veracity Technology Solutions LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Veracity TS LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas

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

3. 85-1359554

(FBI number, if applicable)

4. 9-1-2020

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

5. 12407 N MoPac Expwy STE 250-415

(Street Address of Principal Office)

Austin, TX 78758

6. 12407 N MoPac Expwy Ste 250-415

(Mailing Address)

Austin TX 78758

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jim Wagner

Office Address: 8245 McCarty ST

Pensacola

(City)

Florida

32534

(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.

Jim Wagner

(Registered agent's signature)


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: <u>Gemini Industrial LLC</u>	<input type="checkbox"/> Manager	Name: <u>Kevin McKinley</u>
<input type="checkbox"/> Member	Address: <u>12407 N MoPac Expwy 250-41</u>	<input checked="" type="checkbox"/> Member	Address: <u>8245 McCarty St</u>
<input type="checkbox"/> Authorized	<u>Austin TX 78758</u>	<input type="checkbox"/> Authorized	<u>Pensacola, FL 32534</u>
Person	_____	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 checked="" 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 _____
<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

Jim Wagner

Typed or printed name of signee



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 Veracity Technology Solutions, LLC (file number 803640118), a Domestic Limited Liability Company (LLC), was filed in this office on June 05, 2020.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate JAMES WAGNER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

3901 MCNEIL DR

AUSTIN, TX - 78727 USA

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 November 07, 2022.



A handwritten signature of John B. Scott.

John B. Scott
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2022

JIM WAGNER
12407 N MOPACE EXPRESSWAY STE 250-415
AUSTIN, TX 78758 US

SUBJECT: VERACITY TECHNOLOGY SOLUTIONS LLC
Ref. Number: W22000149223

We have received your document for VERACITY TECHNOLOGY SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 322A00026929

RECEIVED

JAN 03 2023