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JAN 29 2023

COVER LETTER

Divi	sion of Corporations		
JBJECT:	SmartOS, LLC		
	Name	of Limited Liability Company	
te enclosed kistence, and	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authorization to Transact Business in Florida,* eferenced foreign limited liability company to transact busin	Certificate ess in Flori
ease return	all correspondence concerning this matter to	the following:	
	Erik Soto		
		Name of Person	
	SmartOS, LLC		
		Firm/Company	3
	8251 Presidents Drive		•
		Address	
	Orlando, FL 32809		
	Ci	ty/State and Zip Code	
	crik.soto@smartos.io		 را)
	E-mail address: (to be	used for future annual report notification)	
or Kirther in	nformation concerning this matter, please cal	l:	
Erik Soto		203 452-8559 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mai	iling Address:	Street Address:	
	gistration Section	Registration Section	
Division of Corporations		Division of Corporations	
). Box 6327	The Centre of Tallahassee	
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fee Certificate of	e & 🗏 \$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 n	ame adopted for the purpose of transacting business in Ho	orida The a	lternate name must include "Limited Liability Company," "L.	.l.,C," or "l	
Delaware		87-4221722 3			
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)	٥.	(FEI number, if applicable)	53	
N/A				۲.	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration. ne penalty l) pability)	-	
\$251 Presidents Drive 5. Street Address of Principal Office)			8251 Presidents Drive (Mailing Address)		
Orlando, FL 32809		Orlando, FL 32809			
					
		-			
Name and street address	s of Florida registered agent: (P.O. Box	NOT a	cceptable)		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)		
Name and street address Name:	ss of Florida registered agent: (P.O. Box Erik Soto	NOT a	cceptable)		
	Erik Soto		cceptable)		

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.



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]:

Title or Capacity:	Name and Address:	Title or Canacity:	į	Name and Address:
□Manager	Name: Erik Soto	□Manager	Name:	
■Member	Address: 8251 Presidents Drive	□Member	Address:	
□Authorized	Orlando, FL 32809	□Authorized		
Person		Person		
Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	• • • • • • • • • • • • • • • • • • •
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□ Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	□ Other	Other	<u>-</u> _	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	_
Erik Soto, its Member	_
Typed or printed name of sigms	

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMARTOS, 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 THIRTIETH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMARTOS, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2021.

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

6228295 8300

Authentication: 205222009

Date: 12-30-22