

2/17/23, 2:00 PM

Division of Corporations

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To:

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Fax Number : (850)617-6383

From:

Account Name : BARNETT, KIRKWOOD, KOEHE, LONG & FOSTER, P.A.  
Account Number : 072731001155  
Phone : (813)253-2020  
Fax Number : (813)251-6711

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tseemann@gunster.com

2023 FEB 17 AM 9:10

Foreign Limited Liability Company  
ConnectSecure, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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2023 FEB 17 PM 3:03

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S. ROBERTS

FEB 20 2023

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

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

3. 88-3236877  
(FEI number, if applicable)

4. January 2, 2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4925 Independence Parkway  
(Street Address of Principal Office)

6. 4925 Independence Parkway  
(Mailing Address)

Suite 400

Suite 400

Tampa, FL 33634

Tampa, FL 33634

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

Name: David L. Koche

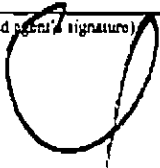
Office Address: 601 Bayshore Blvd, Suite 700

Tampa, Florida 33606  
(City) (Zip code)

2023 FEB 17 AM 9:10

**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.*

  
(Registered agent's signature) David L. Koche

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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: <u>Peter Bellini</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Arnold F. Bellini, III</u>
<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Suite 400</u>	<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Suite 400</u>
<input type="checkbox"/> Authorized Person	<u>Tampa, FL 33634</u>	<input type="checkbox"/> Authorized Person	<u>Tampa, FL 33634</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Srikant Sreenivasan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Shiva Jagannathan</u>
<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Suite 400</u>	<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Suite 400</u>
<input type="checkbox"/> Authorized Person	<u>Tampa, FL 33634</u>	<input type="checkbox"/> Authorized Person	<u>Tampa, FL 33634</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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

David L. Koche

Typed or printed name of signer

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# Delaware

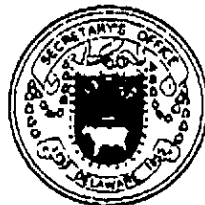
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONNECTSECURE, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONNECTSECURE, LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2022.

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



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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SR# 20230572225

Authentication: 202737990

Date: 02-17-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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