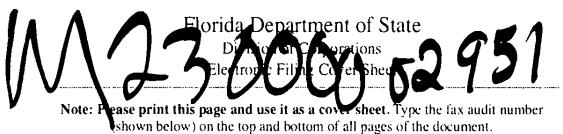
Division of Corporations



(((H23000088777 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

7 - 7													
Enter	the	email	address	for	this	busine	ess	entity	to	bе	used	for	future
- Can	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**
A. 1													

Foreign Limited Liability Company Kyndryl Federal LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

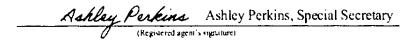
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Kyndryl Federal LLC				
(Name of Foreign	Limited Liability Company, must include "Limited	d Liability	y Company," "L.L.C.," or "L!.C.")	
(H'name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida The	afternate name must include "Limited Liability Company,"	"LL.C, 'or "LLC.
Delaware 2		3.	(FF:1 number, if applicable)	
(haradiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)	
4	(Date first transacted business in Florida, if prior to (See sections 605,000) & 605,000; F.S. to determine	n oistration	1)	
		ne penalty		
10440 Little Patuxent Pkwy Unit 300 Street Address of Principal Office)			10440 Little Patuxent Pkwy Unit 300 (Mailing Address)	77
Street Address of Principal Office)	<del></del>		(Mailing Address)	-
Columbia, MD 21044			Columbia, MD 21044	;
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	icceptable)	
Name:	United Agent Group Inc.			
Office Address:	801 US Highway 1			
	North Palm Beach		33408 , Florida	
	(Cuy)		(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.



□ Authorized

Person

□Other\_\_\_\_

Other\_\_\_\_

8. For initial index manage [up to six (	ing purposes, list names, title or capacity and address total]:	esses of the primary n	nembers/managers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	≣Manager	Name: Terrence Thompson
□Member	Address: 10440 Little Patuxent Parkway. Unit 300	□Member	Address: 10440 Little Patuxent Parkway, Unit 300
□Authorized	Columbia, Maryland 21044	□Authorized	Columbia, Maryland 21044
Person		Person	
Other	Other	Other	□Other
Manager	Name: Jim Batterton  Address: 10440 Little Patuxent Parkway, Unit 300	□Manager	Name:
☐ Member  ☐ Authorized	Columbia, Maryland 21044	☐ Member ☐ Authorized	Address:
Person		Person	•
□Other		Other	Other
			<u></u> .
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:

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.

□Other\_\_\_\_\_

□ Authorized

Person

Other\_

- 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.

Ashle	y Parkins
0	Signature of an authorized person
Ashley Perkins, Atto	ornev-in-Fact
Asine Cerens, Ann	Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KYNDRYL FEDERAL 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 SEVENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KYNDRYL FEDERAL LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2022.

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



Jeffrey W. Budnock, Secretary of Euro

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