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 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M23000004962

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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
 Account Number : I20080000045
 Phone : (302)645-7400
 Fax Number : (302)645-1280

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

Email Address: Admin@solustack.app

Foreign Limited Liability Company Solustack LLC

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

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 2023 APR 17 PM 12:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Solustack LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name, must include "Limited Liability Company," "LLC," or "LLP.")

2. Delaware 92-3398380
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FIC Number, if applicable)4. (Date first transacted business in Florida, if prior to registration.)
(See section 605.002(1)(a) 605.006(1), F.S., to determine penalty liability.)5. 1712 Chapel Street Circle, APT F 1712 Chapel Street Circle, APT F
(Street Address of Principal Office) (Mailing Address)

Brandon, FL 33511 Brandon, FL 33511

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

Name: Tohechukwu Obunadike

Office Address: 1712 Chapel Street Circle, APT F

Brandon 33511
Florida (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.

Tohe

(Registered agent's signature)

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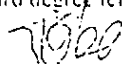
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Tobechukwu Obunadike</u>	☐ Manager	Name: _____
☒ Member	Address: <u>1712 Chapel Street Circle</u>	☐ Member	Address: _____
☐ Authorized	<u>APT E, Brandon, FL 33511</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 Name: _____	 ☐ Manager	 Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 Name: _____	 ☐ Manager	 Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ 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

Tobechukwu Obunadike

Typed or printed name of officer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLUSTACK 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 APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLUSTACK LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2020.

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



3409880 8300

SR# 20231471896

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203152376

Date: 04-17-23

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