M23000005581

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(englished)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
5.5.0
Special Instructions to Filing Officer:

Office Use Only



400406832744

K

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
era r	Automated Analytics America, LLC	
SUBJ.	ECT: Nan	ne of Limited Liability Company
The er Existe:	nclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	to the following:
	Maxwell Minch	
		Name of Person
	Maxwell L Minch Esq. PA	
		Firm-Company
	11925 SW 1st Lane	
		Address
	Gainesville, FL 32607	
		City State and Zip Code
	maxwell@minchlaw.com	
	E-mail address: (to t	be used for future annual report notification)
For fu	rther information concerning this matter, please c	aft:
	Maxwell Minch	352 514-866 ⁷
	Name of Contact Person	at () 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 DE \$\Begin{array}{l} \Boxed{\text{S}} \Boxed{130.00} \text{ Filing F} \text{Certificate} \text{ Certificate}	fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605/0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE SUITE OF FLORIDA:

If name masadable, enter alternate	name adopted for the prapose of transaction business in He	onda. He alte	mate mane must include "I muted habili	ity Company," "I		ich
Delaware		a	pplied for			
(Jurisdiction under the law of which foreign limited liability company is organized)		`. –	FFI number, (Capplicable)			
April 10, 2023						
·	(Date first transacted business in Florida, if prior to a (See sections 6/15 0/614 & 6/15 0/615 1/8) to determine	registration (ne penalty hab	othty)			
9007 Brittany Way			1925 SW 1st Lane			
Street Address of Principal Office (0	(Mailine Address)			-
Tampa, Fl. 33619		G	ainesville, FL 32607			
	0.00	NICHT		:		
	ss of Florida registered agent: (P.O. Box Maxwell L. Minch Esq. PA	NOT acc	reptable)	(A)	LULI APR I	1)
7. Name and <u>street addre</u> Name: Office Address:		NOT acc	reptable)	FALLAHASSELT	18 AH	. 9 1
Name:	Maxwell L. Minch Esq. PA H1925 SW 1st Lane Gainesville		32607	FALLAHASSE (11)	8	. 5
Name:	Maxwell L. Minch Esq. PA 11925 SW 1st Lane Gainesville			TALLAHASSETTE	18 AM 9:	. 9

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to

Name and Address:	Title or Capacit	Name and Address	
Name: Mark Taylor	□Manager	Name:	
Address: 34 Birch Close.	□Member	Address:	
Sprotbrough, Doncaster	□Authorized		
DN5 7JY United Kingdom	Person		
Other	⊡Other	 	□Other
Name:	□Manager	Name:	
Address:	□Member	Address:	
	□ Authorized		
	Person		
Other	Other		□Other
Name:	□Manager	Name:	
Address:	\square Member	Address:	
	☐Authorized		
	Person		
	□Other		□Other
	Mark Taylor Name: 34 Birch Close. Sprotbrough, Doncaster DN5 7JY United Kingdom COther Name: Address: COther Address: Address:	Name: Mark Taylor Sprotbrough, Doncaster Sprotber_ Sprotbrough, Doncaster Sprotber_ Sprotber	Name: Mark Taylor Manager Name:

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information

Signature of an authorized person

Typed or printed name of signer

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maxwell Minch

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:39 AM 04/10/2023
FILED 09:39 AM 04/10/2023
SR 20231358392 - File Number 7395350

CERTIFICATE OF FORMATION OF

Automated Analytics America, LLC

FIRST: The name of the limited liability company is: Automated Analytics America, LLC

SECOND: Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this April 10, 2023.

Harvard Business Services, Inc., Authorized Person

By: Michael J. Bell, President

Michael J. Bell

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUTOMATED ANALYTICS AMERICA, 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 ELEVENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTOMATED ANALYTICS AMERICA, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2023.

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

Authentication: 203114168

Date: 04-11-23

7395350 8300 SR# 20231381503