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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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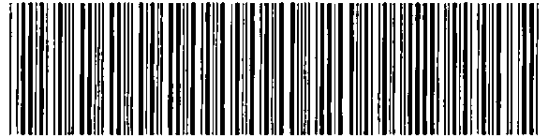
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

407

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEO Technologies, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Sexton

\_\_\_\_\_  
Name of Person

LEO Technologies, LLC

\_\_\_\_\_  
Firm/Company

602 West 13th Street

\_\_\_\_\_  
Address

Austin, Texas 78701-1705

\_\_\_\_\_  
City/State and Zip Code

registrations@leotechnologies.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Sexton

310

871-1602

\_\_\_\_\_  
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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

LEOTECH SaaS, 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. State of Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4506257  
(FEI number, if applicable)

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

5. 602 West 13th Street  
(Street Address of Principal Office)

6. 602 West 13th Street  
(Mailing Address)

Austin, TX 78701-1705

Austin, TX 78701-1705

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

Name: Eddie Foster

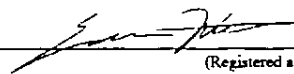
Office Address: 835 S. Ocean Blvd.

Pompano Beach, Florida 33062  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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)


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>Scott Kernan, CEO</u>       | <input checked="" type="checkbox"/> Manager | Name: <u>James Sexton, COO</u>       |
| <input type="checkbox"/> Member             | Address: <u>602 West 13th Street</u> | <input type="checkbox"/> Member             | Address: <u>602 West 13th Street</u> |
| <input type="checkbox"/> Authorized         | <u>Austin, TX 78701-1705</u>         | <input type="checkbox"/> Authorized         | <u>Austin, TX 78701-1705</u>         |
| Person                                      | <u></u>                              | Person                                      | <u></u>                              |
| <input type="checkbox"/> Other              | <u></u>                              | <input type="checkbox"/> Other              | <u></u>                              |
| <input checked="" type="checkbox"/> Manager | Name: <u>Matthew Beath, CFO</u>      | <input type="checkbox"/> Manager            | Name: <u></u>                        |
| <input type="checkbox"/> Member             | Address: <u>602 West 13th Street</u> | <input type="checkbox"/> Member             | Address: <u></u>                     |
| <input type="checkbox"/> Authorized         | <u>Austin, TX 78701-1705</u>         | <input type="checkbox"/> Authorized         | <u></u>                              |
| Person                                      | <u></u>                              | Person                                      | <u></u>                              |
| <input type="checkbox"/> Other              | <u></u>                              | <input type="checkbox"/> Other              | <u></u>                              |
| <input type="checkbox"/> Manager            | Name: <u></u>                        | <input type="checkbox"/> Manager            | Name: <u></u>                        |
| <input type="checkbox"/> Member             | Address: <u></u>                     | <input type="checkbox"/> Member             | Address: <u></u>                     |
| <input type="checkbox"/> Authorized         | <u></u>                              | <input type="checkbox"/> Authorized         | <u></u>                              |
| Person                                      | <u></u>                              | Person                                      | <u></u>                              |
| <input type="checkbox"/> Other              | <u></u>                              | <input type="checkbox"/> Other              | <u></u>                              |

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  
James Sexton  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEO TECHNOLOGIES, 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 FIRST DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEO TECHNOLOGIES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2019.

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



7387408 8300

SR# 20232603165

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

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

Authentication: 203458651

Date: 06-01-23