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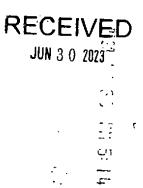
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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	SL SUPPLIES AND SERVIC	·					
		Name of Limited Liability Company					
		ted Liability Company for Authorization to Transact Business in Florida," Certificate of er the above referenced foreign limited liability company to transact business in Florida.					
Please n	eturn all correspondence concerning	this matter to the following:					
	SUCHADA SUBGRANC	ON					
		Name of Person					
	SL SUPPLIES AND SER	VICES, LLC					
		Firm/Company					
	DRIVE, SUITE B						
		Address					
	SILVER SPRING, MD 20	0902					
		City/State and Zip Code					
	ssubgranon@slservices-llc.	com					
	E-mail a	ddress: (to be used for future annual report notification)					
For furt	her information concerning this matt	ter, please call:					
	SUCHADA SUBGRANON	202 528-8569 at ()					
	Name of Contact	Person Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
		ng amount: ORIDA DEPARTMENT OF STATE .00 Filing Fee & = \$155.00 Filing Fee & - \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

(Name of Foreign	ERVICES, LLC Limited Liability Company; must include "Limited	Liability Co	mpany," "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida The alter	nate name must include "Limited Liability Co.	monny ""[[C " or "] [C
MARYLAND	same adopted for the purpose of datasetting destiness in 110	21	7-3260477	igony, e.e.c. or nice
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration.) e penalty liab	ility)	
81ST READINESS DIVISION REGION K RFOS		6. <u></u>	12 LEESBOROUGH DRIVE (Mailing Address)	
reet Address of Principal Office)			(Mailing Address)	
5201 WEST TYSON A	AVENUE	SU	ITE B	2
TAMPA, FL 33611		SII	LVER SPRING, MD 20902	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	entable)	٠,
Trume und <u>street dedre.</u>	Not notice registered agent. (1.0. Dox	IVO I ucc	cinable)	. 3
Name:	THANACHART SUBGRANON			. <u>v</u> .
Office Address:	7516 NW 36TH AVENUE			••
	GAINESVILLE		32606 . Florida	
	(City)	•	(Zip code)	

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: SUCHADA SUBGRANON □Manager Name: _____ Manager Address: ____ □Member Address: ☐ Member SUITE B ☐ Authorized ☐ Authorized SILVER SPRING, MD 20902 Person Person □Other _____ □Other____ □Other _____ Other Name: ☐Manager □ Manager Name: ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other____Other____ Other____Other___ Name: □Manager □Manager Name: ☐ Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Sueliada Subgrann
Signature of an Buthorized prison

Typed or printed name of signee

SUCHADA SUBGRANON

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SL SUPPLIES AND SERVICES, LLC (W14625479), REGISTERED MARCH 09, 2012, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 26, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 T1/Voice

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