Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000253945 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TILLETT ALVARADO & PRENDERGAST

Account Number : I20210000002 Phone : (561)345-2416 Fax Number : (561)907-4965

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

Email Address:_

Foreign Limited Liability Company DATA ASSURANCE SOLUTIONS LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$125.00	

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Corporate Filing Menu

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TO:

Registration Section

COVER LETTER

Div	ision of Corporations					
SUBJECT:	DATA ASSURANCE SOLUTIONS, LE	.C				
	Na	Name of Limited Liability Company				
		ly Company for Authorization to Transact Business in Florida," Certificate of the referenced foreign limited liability company to transact business in Florida				
Please return	all correspondence concerning this matte	to the following:				
	STEPHEN DYE					
	Name of Person					
	DATA ASSURANCE SOLUTIONS, LLC					
	Firm/Company					
	19401 PRESERVE DRIVE					
		Address				
	BOCA RATON					
	City/State and Zip Code					
	SMDYE@FASTMAIL.COM					
	E-mail address: (to	be used for future annual report notification)				
For further in	formation concerning this matter, please	cull:				
ST	EPHEN DYE	703 585-9399 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	fling Address: gistration Section	Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DI S125.00 Filing Fee	EPARTMENT OF STATE				

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VIRGINIA Operational and a properties have been as a second control of the contr					
Chrowletten under the low of a		87-1556988 3			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (Fish number, if applicable)			
	Date first transacted his large to blanch of arming		_		
	(Date first transacted business in Florids, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	o penalty hability)			
19401 PRESERVE DRIVE		19401 PRESERVE DRIVE 6.			
(Address of Principal Office)		6. (Mailing Address)			
BOCA RATON, FL 3.	3498	BOCA RATON, FL 33498			
lame and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	.s. 2		
Name and street addres	SS of Florida registered agent: (P.O. Box STEPHEN DYE	NOT acceptable)	2023 JUL 20 SFALE ATA		
		NOT acceptable)	2023 JUL 20 PH SEANE MASSEE		
Name:	STEPHEN DYE	NOT acceptable) 33498 . Florida	2023 JUL 20 PH 4: 41 SEKLE MARSSEE FL		

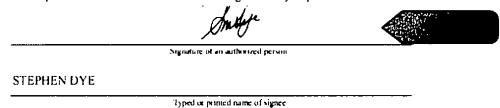
(Registered agent's signature)

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:
□Manager	Name: STEPHEN DYE	□Manager	Name:	
■ Member	Address: 19401 PRESERVE DRIVE	□Member	Address:	
□Authorized	BOCA RATON, FL 33498	□Authorized	 	·····
Person		Person		
□Other	Other	□Other		□Other
□Мападег	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Uther	□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.



Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Data Assurance Solutions, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on July 7, 2021; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 20, 2023

Bernard J. Logan, Clerk of the Commission