H23000294609

8/24/23, 12:48 PM Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC
Account Number : I20210000107
Phone : (813)284-4727
Fax Number : (813)436-8460

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

Email Address: notices@venerable.law

RECEIVED
2023 AUG 24 PM 2:33
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
APPLIED TECHNOLOGY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

2023 AUG 24 PM 4:59

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COVER LETTER

TO: Registration Section
Division of Corporations

APPLIED TECHNOLOGY SOLUTIONS, LLC

SUBJECT: _____
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:

JASON SAMPSON
Name of Person

VENERABLE CORPORATE AND TRUST SERVICES, LLC
Firm/Company

301 W. PLATT STREET, NO. 657
Address

TAMPA, FLORIDA 33606
City State and Zip Code

notices@venerable.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Sampson at (813) 284-4727
Name of Contact Person — 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

H23000294609

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 APPLIED TECHNOLOGY SOLUTIONS, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C." or "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 WYOMING
(Jurisdiction under the laws of which foreign limited liability company is organized)

3 _____
(FEI number, if applicable)

4 _____
(Date first transacted business in Florida, if prior to filing date.)
(See sections 605.0904 & 605.0905, F.S. to determine penalties/liabilities.)

5 30 N Gould Street
(Street Address of Principal Office)
Suite R
Sheridan, WY 82801

6 30 N Gould Street
(Mailing Address)
Suite R
Sheridan, WY 82801

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

Name: VENERABLE CORPORATE AND TRUST SERVICES, LLC

Office Address: 301 W. PLATT STREET, NO. 657

TAMPA, FL 33606

_____, Florida _____
(City) (Zip code)

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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.

Jason Sampson
(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]

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Justin McAllister	☐Manager	Name:
☐Member	Address: 301 W. PLATT STREET	☐Member	Address:
☐Authorized Person	NO. 657 TAMPA, FL 33606	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized 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.

Jason Sampson

Signature of an authorized person

JASON SAMPSON