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Florida Department of State
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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: blackavery42@gmail.com

Foreign Limited Liability Company
Cloak Software LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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. Cloak Software 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-3202511
(FEI number, if applicable)

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

5. 60 W Honeysuckle Ln
Carrolton, GA 30116
(Street Address of Principal Office)

6. 60 W Honeysuckle Ln
Carrolton, GA 30116
(Mailing Address)

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

Name: Registered Agents Inc.

Office Address: 7901 4th Street N, Ste 300

St Petersburg (City), Florida 33702 (Zip code)

2023 SEP -5 PM 2:37

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)

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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: Daniel Szor	☐ Manager	Name: Avery Black
■ Member	Address: 60 W Honeysuckle Ln	■ Member	Address: 60 W Honeysuckle Ln
☐ Authorized Person	Carrollton, GA 30116	☐ Authorized Person	Carrollton, GA 30116
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Brenden Snyder	☐ Manager	Name:
■ Member	Address: 60 W Honeysuckle Ln	☐ Member	Address:
☐ Authorized Person	Carrollton, GA 30116	☐ 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.

Signature of an authorized person

Daniel Szor

Typed or printed name of signee

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLOAK SOFTWARE 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 FIFTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOAK SOFTWARE LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

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

Jeffrey W. Bullock, Secretary of State

7652562 8300

SR# 20233416113

Authentication: 204093364

Date: 09-05-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

FAX

Date 09/05/2023

Number of pages including cover sheet: 24

To:	From:
8506176383@rcfax.com	Fax Admin
	Smith Hulsey & Busey
	1 Independent Drive, Suite 3300
	Jacksonville FL
	32202
Phone	***Phone*** *19043597700*
Fax Phone *(850) 617-6383*	***Fax Phone***

REMARKS:

Trademark Registration - The Generator Guys