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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

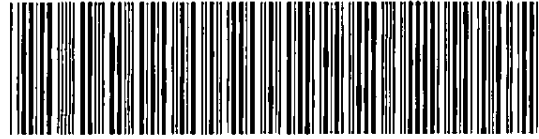
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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January 29, 2024

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Certificate of Registration Univasa LLC

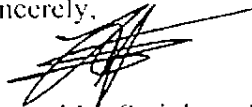
Dear Sir/Madam:

In connection with the above-referenced matter, enclosed please find the following documents:

1. One original and one copy of the Application for Certificate of Registration of a Foreign Limited Liability Company;
2. Certificate of Good Standing issued by the Wyoming Secretary of State; and
3. Check in the amount of \$130.00 payable to the Florida Department of State in payment of the filing fee.

Please return the approval of the filing in the enclosed overnight Federal Express package which includes a prepaid return label back to our office. If you need any further information, please do not hesitate to contact us directly at (770) 232-9200 or via e-mail at info@telecomcounsel.com.

Sincerely,



Lance J.M. Steinhart, Esq.
Managing Attorney
Lance J.M. Steinhart, P.C.
Attorneys for Univasa LLC

Enclosures

cc: Ben Adeniyi (w/enc)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Univasa 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:

Tracy Billings
Name of Person

Lance J.M. Steinhart, P.C.
Firm/Company

1725 Windward Concourse, Suite 150
Address

Alpharetta, GA 30005
City/State and Zip Code

info@telecomcounsel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Billings 770 232-9200
Name of Contact Person at () Daytime Telephone Number
Area Code

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

(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 "L.L.C.")

2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 447 Broadway
(Street Address of Principal Office)

6. 447 Broadway
(Mailing Address)

2nd Floor 1296

2nd Floor 1296

New York, New York 10013

New York, New York 10013

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(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.

Heather Glenn Heather Glenn on behalf of InCorp Services, Inc.
(Registered agent's signature)

9. For initial filing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total).

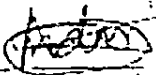
<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name	Ben Adeniyi	<input type="checkbox"/> Manager	Name	
<input type="checkbox"/> Member	Address	447 Broadway	<input type="checkbox"/> Member	Address	
<input type="checkbox"/> Authorized		2nd Floor 1296	<input type="checkbox"/> Authorized		
Person		New York, New York 10013	Person		
<input type="checkbox"/> Other	(U)	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name		<input type="checkbox"/> Manager	Name	
<input type="checkbox"/> Member	Address		<input type="checkbox"/> Member	Address	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name		<input type="checkbox"/> Manager	Name	
<input type="checkbox"/> Member	Address		<input type="checkbox"/> Member	Address	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name		<input type="checkbox"/> Manager	Name	
<input type="checkbox"/> Member	Address		<input type="checkbox"/> Member	Address	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-imaged individuals may be added to the index when filing your Florida Department of State Annual Report form.

7. 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.817.135, F.S.


 Signature of an authorized person
 Ben Adeniyi
 Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,


Univasa LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 30, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001190064**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of January, 2024 at 10:45 AM. This certificate is assigned ID Number 068775933.




Secretary of State