M24000002072

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(Address)					
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PICK-UP WAIT MAIL					
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COVER LETTER

.

Registration Section

TO:

BJECT:	FedTec, LLC						
Name of Limited Liability Company							
e enclosed ' istence, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo					
ease return a	all correspondence concerning this matter t	to the following:					
	Manjinder Kaur						
	Name of Person						
	FedTec, LLC						
	Firm/Company 1950 OPPORTUNITY WAY SUITE 1300						
Address							
Reston, VA 20190							
	City/State and Zip Code						
	mona@fedtec.com						
	E-mail address: (to be	e used for future annual report notification)					
r further inf	ormation concerning this matter, please ca	II:					
Mona Kaur		703 2135775					
-	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	osed is a check for the following amount:	AA DENENE AE CEATE					
	e make check payable to: FLORIDA DEF 25.00 Filing Fee \$\square\$ \$130.00 Filing Fe						

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:

FedTec, LLC	ame adopted for the purpose of transacting business in Flo	orida. The	alternate name must inch	ude "Limited Liabili	ity Company," "L.L.C," or "I	LLC.")	
Delaware		3.	52-2319860				
(Jurisdiction under the law of which foreign limited liability company is organized)				(FEI number, if applicable)			
01/01/2024 4.							
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistratio ne penalty	n.) liability)				
1950 OPPORTUNITY	WAY SUITE 1300	6.	same				
Street Address of Principal Office)			(Mailing Address	5)			
Reston, VA 20190							
. Name and street addres Name:	s of Florida registered agent: (P.O. Box Registered Agents Inc	NOT	acceptable)		HEB 19 A		
Office Address:	7901 4th St N STE 300				AMIII: 12	-	
	St. Petersburg		, Florida (33702			
	(City)		, , 7 107164 _	(Ztp code)	<u> </u>		
lesignated in this applica o comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent.	regist	ered agent and ag	ree to act in t	this capacity. I furth	ier agi	
	David Paperts						
	(Registered agent's s	ignature)			_		

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:	itle or Capacity: Name and Address:		Name and Address:
□Manager	Name: Manjinder Kaur	□Manager	Name:
□Member	Address: 1950 OPPORTUNITY WAY SUI	□Member	Address:
□Authorized	Reston, VA 20190	□Authorized	
Person		Person	
□Other_President	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

Signature of a authorized person

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FREEALLIANCE.COM, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FEDTEC, LLC" ON THE THIRD DAY OF JULY, A.D. 2023, AT 12:19 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEDTEC, LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2001.



Authentication: 204778356

Date: 12-11-23