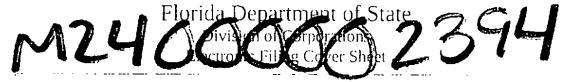
To 18506176383

Page: 1/4

From Registered Agents Inc

Division of Corporations

Fax: 8134365206



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.

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To:

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 ASCENT DESIGN SOLUTIONS LLC

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DEPLRITENT OF STATE HIVISION OF CORPORATIONS TALL ARASSEE, FLORIDA

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

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2/23/2024 12:00:20 PST - To: 18506176383

Page 2/4

From, Registered Agents Inc.

Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREGO. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY

	N SOLUTIONS LLC Limited Liability Company, traist include "La	mited Liability	Company, "L.L.C., or "L.C.,"	
Unique un riskli, autor de arte	name adopted for the purpose of transacting business	. (1) (- (1)		Part Loop and Act
ныше шауалаты, ещег адеятаде	name adopted for the purpose of transacting mismess	in clorida. The	alternale name inustinctude "Limited Liability C	company," "E.I. C," of "LEC"
New York		3	923423140	
Chinsdiction under the law of which foreign limited hability company is organized.		•	(FEI mamber, if applicable)	
	(Date first transacted business in Florida, 11 pro (See sections 60) 1904 & 605 (0005) F.S. to de	or to registration termine penalty) habilist	
7901 4th St N STE 300			7901 4th St N STE 300	
rreet Address of Principal Office)		6.	(Mailing Address)	
St. Petersburg FL 3370	02		St. Petersburg FL 33702	
	7117			
*** 1-3				20
Name and street address	ss of Florida registered agent: 4P.O. I	Box <u>NOT</u> a	cceptable)	7024 FEB
Name:	Registered Agents Inc			23 E
				
Office Address.	7901 4th St N STE 300			A 0:
	St. Petersburg		_{121,1.1} 33702	0
	(CRV)			

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,

2/23/2024 12:00:20 PST

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: Jani, Lek	□ Manager :	Name:
XMember	Address: 7901 4th St N STE 300	□ Member .	Address:
□Authorized	St. Petersburg FL 33702	□Authorized	
Person		Person	
□Other	Other	□Othei	□Other
□Manager	Name:	[]Manager)	Same.
□Member	Address:	□Member z	Address.
□Authorized		Authorized	
Person		Person	
□Other	Other	□Other	□();her
∐Manager	Name:	□Manager :	Name:
□Member	Address:	□ Member /	Address:
□Authorized		□Anthorized _	
Person		Person	
□Other	[]Other	□Othei	□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.

Robin Jones

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

J. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby centry that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ASCENT DESIGN SOLUTIONS LLC

To 18506176383

DOS ID Number: 5568037

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING Date of Initial Filing with DOS: 06/11/2019

Statement Status; PAST DUE DATE

Statement Due Date: 06/30/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity,



WITNESS my hand and official seal of the Department of State. at the City of Albany, on February 23, 2024 at 02,26 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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