(Re	equestor's Name)			
(Ad	dress)			
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PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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M. SOLOMON MAR 2 U 2024

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CT: Advanced	Technologies Group, LLC			
		N	ame of Limited Liability Company		
The enc Existence	losed "Application ce, and check are s	n by Foreign Limited Liabil ubmitted to register the abo	ity Company for Authorization to Transact Business in Florida, we referenced foreign limited liability company to transact business.	' Certifica ness in Fl	ate of orida.
Please re	eturn all correspor	idence concerning this matt	er to the following:		
	Atul Gu	ıpta			
	-		Name of Person		
	Advanc	ed Technologies Group, LL	.c		
			Firm/Company		
	1601 488	h Street - Suite 220		¥k.	202
			Address		1024 MAR
	West De	s Moines, IA 50266		ASS	4- }
			City/State and Zip Code	70	<u> </u>
	atulg@a	a-t-g.com		30.3 31.5	4M II: 42
		E-mail address: (to	o be used for future annual report notification)	88	42
For furtl	her information co	neerning this matter, please	e call:		
	Atul Gupta, Pres	ident	at (<u>515</u>) <u>221-9344</u>		
		Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address	<u>:</u>	Street Address:		
Registration Section			Registration Section		
Division of Corporations		•	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
		g Fee S130.00 Filing	DEPARTMENT OF STATE	Certificat	te Dy

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Advanced Technologies (Name of Foreign 1)	s Group, LLC Limited Liability Company; must include "Li	mited Liability	y Company," "L.L.C.,	" or "LLC.")		
AdvTechGrp, LLC						
	ame adopted for the purpose of transacting business	in Florida. The	alternate name must incl	ude "Limited Liability Co	отрапу," "L.L.C," о	r "L.L.C.")
2. Missouri		_ 3.	46-07668			
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)			(FEI number, if app	icable)	
4 no business transac	ted yet				1/ <u>1/ 1</u>	2024
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to do	or to registration termine penalty	i.) liability)			2024 MAR -
5. 1601 48th Street - Suite	220	6.	1601 48th Street	- Suite 220	355 VB 7884	£ ;
(Street Address of Principal Office)			(Mailing Address	·1	7.0	
West Des Moines, IA 50	0266		West Des Moines	s, IA 50266	803 741S	AH II: [
					Qr:	2
-						
7 Name and street addres	s of Florida registered agent: (P.O. 1	Box NOT	acceptable)			
,	2 0		,			
Name:	Cogency Global					
Office Address:	115 N, Calhoun St, Suite 4					
	Talłahassee		, Florida_	32301		
	(City)			(Zip code)		

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.

Ashley Cepin, Asst. Secretary
(Registered agent's signature)

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: Atul Gupta President	□Manager	Name:	
■Member	Address: 1601 48th Street - Suite 220	□Member	Address:	
□Authorized	West Des Moines, IA 50266	□Authorized		
Person		Person	_ ·	
Other	Other	□Other		Other
□Manager	Name: Alexander Lee	□Manager	Name:	202
□Member	Address:10880 Lin Page Pl	□Member	Address:	
[XAuthorized	St. Louis, MO 63132	□Authorized		TO 200
Person		Person		
Other	Other	□Other		Other 100 ther 100 there 1
□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. Nonindexed 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

Alexinaler Lee

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Advanced Technologies Group, LLC LC1243979

was created under the laws of this State on the 24th day of July, 2012, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of February, 2024.

Secretary of State

THE OFF MILES

Certification Number: CERT-02062024-0149