

((H24000181799 3))

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sentinel Information Systems, 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. (FEI number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 4960 SW 72 St.
(Street Address of Principal Office)
Suite 300
Miami, FL 33155

6. 4960 SW 72 St.
(Mailing Address)
Suite 300
Miami, FL 33155

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

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 21 PM 2:42

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.

Adia Myles
(Registered agent's signature)
Adia Myles, Special Secretary

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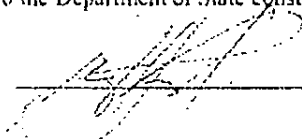
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Efrain (Frank) Logreira Jr.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4960 SW 72 St.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>73035155</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Sentinel Information Systems, Inc.</u>	Person	_____
<input type="checkbox"/> Other ^{President} _____	<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 _____

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
 Efrain (Frank) Logreira Jr.

 Typed or printed name of signer

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Sentinel Information Systems, Inc.

12747 Olive Blvd, Suite 300
Miami, FL 33155

May 20, 2024

Florida Secretary of State
Division of Corporations
2661 Executive Center Circle W.
Tallahassee, FL 32301

RE: Name Consent by Sentinel Information Systems, LLC

Dear Sir/Madam:

Sentinel Information Systems, Inc. (the "Corporation") filed an Application by Foreign Corporation for Withdrawal of Authority to Transact Business and hereby grants authorization to allow the use of the name by Sentinel Information Systems, LLC to register to transact business with the Florida Secretary of State.

Thank you.

Sincerely,

Efrain Logreira Jr.

Efrain (Frank) Logreira Jr.
President

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SENTINEL INFORMATION SYSTEMS, 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 TWENTIETH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENTINEL INFORMATION SYSTEMS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2020.

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



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

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SR# 20242286616

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

Authentication: 203515985

Date: 05-20-24

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