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SECRETARY OF STATE
DIVISION OF CORFORATIONS

COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJE	Smart Communications Holding, LLC						
Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this matter t	to the following:					
	Margeaux Pennywell						
		Name of Person					
	Inteserra, Inc.						
		Firm/Company					
	151 Southhalf Lane, Suite 450						
		Address					
	Maitland. FL 32751						
		City/State and Zip Code					
	legal@smartcommunications.us						
	E-mail address: (to be	e used for future annual report notification)					
For fur	ther information concerning this matter, please ca	III:					
	Margeaux Pennywell	470 672-3912 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations					
		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

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. Smart Communications				
(Name of Foreign	Limited Liability Company; must include "Lim	nited Liability	Company," "L.L.C.," or "LLC ")	
Smart Communications H	folding Florida, LLC			
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business i	n Florida The al	ternate name must include "Limited Liability Comp	any," "L.L.C," or "LLC,")
Delaware		3.		
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	<i>J.</i> .	(FEI number, if applica	blc)
4	Day Seet transacted buringer in Florida, if aris	v la seguiration		
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to det	ermine penalty li	ability)	<u></u>
10491 72nd Street 5.		6	0491 72nd Street	SE(1) VISI
(Street Address of Principal Office)		0	(Mailing Address)	NE SEE
				SECRETARY OF STATIONS SECRETARY OF CORPORATIONS 24 HAY 28 PM 4:04
<u> </u>	<u></u>	_		7 999
Seminole, FL 33777		Seminole, FL 33777		OF STATIONS
7. Name and street address	ss of Florida registered agent: (P.O. E	Box <u>NOT</u> ac	cceptable)	O4 O4
Name:	Corporation Service Company			
Office Address:	1201 Hays Street	<u>-</u>		
	Tallahassee		32301, Florida(Zip code)	
	(City)		(Zip code)	
designated in this applicato comply with the provis	stance: egistered agent and to accept service etion, I hereby accept the appointmen ions of all statutes relative to the pro- s of my position as registered agent.	it as register	ed agent and agree to act in this ca	pacity. I further agree
	Renee Pa	tterson		
	(Registered age	nt'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	<u>::</u>	Name and Address:
■Manager	Name:	□Manager	Name:	· ·
□Member	Address: 10491 72nd St	□Member	Address: _	
□Authorized	Seminole, FL 33777	□Authorized		
Person		Person		
□Other	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		
□Authorized		□Authorized		
Person		Person		PP=
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 an authorized person

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SMART COMMUNICATIONS HOLDING, 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 SECOND DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMART

COMMUNICATIONS HOLDING, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF

AUGUST, A.D. 2023.

LET'S OF THE PARTY OF THE PARTY

Authentication: 203390125

Jeffrey W. Bullock, Secretary of State

Date: 05-02-24