# M24000009188

(F	Requestor's Name)			
A)	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



100433032381

27 115 124-- 21127--003 (\*\*1.35.01

SECRETARY OF STATE
DIVISION OF CORPURATIONS

## COVER LETTER

TO:

SUBJEC	Vequity Technologies LLC	
ou bar, C		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
lease re	turn all correspondence concerning this matter t	to the following:
	Emilee Winter	
		Name of Person
		Firm/Company
	1218 Jackson Blvd	
	······································	Address
	Rochester, IN 46975	
	C	City/State and Zip Code
	accounting@vequity.ai	
	E-mail address: (to b	e used for future annual report notification)
or furth	er information concerning this matter, please ca	dt:
	Emilee Winter	989 395-1799 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Colorado  Uursdiction under the law of which  07-01-2024	adopted for the purpose of transacting business in F foreign limited liability company is organized)	lorida The alternate name must include "Limited Liability  88-3152243 3. (FEI number, if a	
O7-01-2024  1517 S Grant St  Street Address of Principal Office)	foreign limited liability company is organized)		
Ourisdiction under the law of which  07-01-2024  1517 S Grant St  Street Address of Principal Office)	foreign limited liability company is organized)	FEI number, if c	
1517 S Grant St		3. (FEI number, if applicable)	
1517 S Grant St Greet Address of Principal Office)			
Street Address of Principal Office)	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) ine penalty liability)	_
Street Address of Principal Office)		1218 Jackson Blvd	
Denver, CO 80210	<del></del> -	6. (Mailing Address)	····
		Rochester, IN 46975	
			<b>~</b> _
. Name and <u>street address</u> of	Florida registered agent: (P.O. Box	( <u>NOT</u> acceptable)	YISIDA DE
Lo Name:	ouis Ledee		7 <b>7</b>
Office Address: 28.	547 Meadowrush Way		ઝ <b>59</b>
W.	esley Chapel	33543	.,

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.

Jours Leve

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: Name: Brandon Giles Name: Emilee Winter ■ Manager □Manager Address: 1517 S Grant St Address: \_ 1218 Jackson Blvd ☐ Member ☐Member Denver, CO 80210 Rochester, IN 46975 □ Authorized ■ Authorized Person Person □Other\_\_\_ □Other Other Other\_\_\_\_ □ Manager Name: \_\_\_ □Manager Name: □Member Address: □Member Address: \_\_ ☐ Authorized ☐ Authorized Person Person □Other □Other\_\_\_\_\_ □Other \_\_\_ □Other\_\_ Name: □Manager ☐ Manager Name: \_\_\_\_\_ □Member Address: Address: ☐ Member □ 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 \$.817.155, F.S. miles Winter Signature of an authorized person Emilee Winter

Typed or printed name of signee

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Vequity Technologies LLC

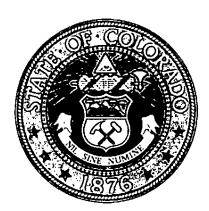
is a

### Limited Liability Company

formed or registered on 04/12/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211352489.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/28/2024 that have been posted, and by documents delivered to this office electronically through 07/01/2024 @ 10:00:41.

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/01/2024 @ 10:00:41 in accordance with applicable law. This certificate is assigned Confirmation Number 16170882



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosov.gov.biz.CertificateSearchCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosov.gov.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions."