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Division of Corporations

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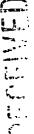
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206



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## Foreign Limited Liability Company FLEX SOLUTIONS LLC

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

K. SALY

\_\_\_\_\_DEC\_-2\_2024\_\_

## 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

Page: 2/4

1. (Name of Foreign	Limited Liability Company; must include "Limite	d Cabili	y Company," "L.IC.," or "LI.C.")	
J&A FLEX Solutions LLC				
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida The	alternate name must meliide "Lumited Liabi	hty Company," "L.L.C," or "ELC,")
Delaware		1	33-1520211	
(Jurisdiction under the law of which foreign limited liability company is organized)			if El number,	if applicable)
4	(Date that transacted business in Florida at may to	remetratio		
	(Date first transacted business in Florida, if pior to (See sections 605,0904 & 605,0905, F.S. to determ	me berryti	hability)	
7901 4th St N STE 300		6	7901 4th St N STE 300	
(Street Address of Principal Office)		,,,	(Mailing Address)	
St. Petersburg FL 3370	)2		St. Petersburg FL 33702	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	PALLAHY (
Name:	Registered Agents Inc			26 ASSET
Office Address:	7901 4th St N STE 300		<del></del>	PH 5:
	St. Petersburg		. Florida 33702	29
	(City)		Zip code)	_
designated in this applicate to comply with the provis	otance: cgistered agent and to accept service of parties, I hereby accept the appointment actions of all statutes relative to the proper sof my position as registered agent.	s regist	ered agent and agree to act in	this capacity. I further agree
	Dani Kdierca			
	Paul treat arms.	com store)		_

Person

□Other\_\_

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

To: 18506176383

□Other\_\_\_\_

manage [up to six (6) total]:							
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:				
<b>Z</b> }ianager	Name: Salaman, Alexus	Manager	Zephyr, Johnathan Name:				
Ll □Member	Address: 7901 4th St N STE 300	 ☐ Meinber	Address:				
□Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702				
Person		Person					
□Other	Other	□Other	Other				
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person	26				
Other	□ Other	□Other					
			5: 29				
∟Manager	Name:	∐Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					

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.

□Other\_\_\_\_\_

Person

Other\_\_\_\_

- 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.

17 1/2 ac 2	ا درمد بحرث ا	5 Z J Z		
	,	1	Signature of an authorized person	
Robin Jones				
·			Typed or printed name of signee	

To: 18506176383

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLEX SOLUTIONS 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLEX SOLUTIONS LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2024.

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

FILEU SIGNATURE SERVICE SERVIC



5502619 8300
SR# 20244276382
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204933193

Date: 11-21-24