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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

Foreign Limited Liability Company OurLink Technologies LLC

Certificate of Status	0
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K. SALY

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1/30/2025 13:d2:56 PST · To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

OurLink Techr	Limited Liability Company; must include "Limited I	Liability Company," "L.L.C.," or "Lt.C.")		
f name unavnilable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited	Liability Company," "L.L.C." or "Ll.C.")		
KS		_{3.} 88-0850930			
(Jurisdiction under the law of w	hich (oreign limited liability company is organized)		iber, if applicable)		
·	(Date first transacted business in Florida, if prior to re; (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penalty liability)			
7901 4th St	N STE 300	6. 7901 4th St N ST	E 300		
rect Address of Principal Office)		(Mailing Address)			
St. Petersb	urg FL 33702	St. Petersburg FL 33702			
			F-77		
			13. 13.		
Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	TILE C		
			33 6		
Name:	Registered Agents Inc				
					
Office Address:	7901 4th St N STE 300		5: 23		
	St. Dotorobura	22702	دري - ا		
	St. Petersburg	, Florida 33702			
	(4.17)	(124)			
egistered agent's acceptaving been named as re	ctance: gistered agent and to accept service of pro	ocess for the above stated limited	l liability company at the place		
esignated in this applica	tion. I hereby accept the appointment as i	registered agent and agree to act	in this capacity. I further agree		
	ions of all statutes relative to the proper a s of my position as registered agent.	na complete performance of my	duttes, and I am familiar with		
	Dund Provis				
	(Registered agent's sig	natum}	· · · · ·		

8.	For initial indexing purposes,	list names, title o	or capacity and addresse	s of the primary	inembers/managers or	persons authorized to
ma	nage [up to six (6) total]:					

To. 18506176383

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Flitton, Douglas	□Manager	Name:	
⊠ Member	Address: 7901 4th St N STE 300	∐Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	港 五
□Member	Address:	□Member	Address:	是是三
□Authorized		□Authorized		
Person	***************************************	Person		<u>بن</u> بن
Other	Other	Other		□Other ()
□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.

10	4 -	
l'id-	Ling-new	
	Signaturyof an authorized/serson	
Robin Jones		
	Typed or printed name of signer	

STATE OF KANSAS OFFICE OF SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 6957138

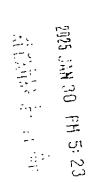
Business Name: OURLINK TECHNOLOGIES LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on February 24, 2022, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof: I affix my official certification seal. Done at the City of Topeka, on this day January 30, 2025.

SCOTT SCHWAB

KANSAS SECRETARY OF STATE

