

6/12/2019

Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FC4000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*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  
Camston Wrather LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

19 JUN 12 AM 9:45

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SERIAL 100174011A1E  
TALLAHASSEE, FLORIDA

11:20

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JUN 13 2019

**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. Camston Weather LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 46-5638868  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. May 15, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine priority liability)

5. 9853 Pacific Heights Blvd., Suite G/H  
(Street Address of Principal Office)  
San Diego, California 92121

6. 9853 Pacific Heights Blvd., Suite G/H  
(Mailing Address)  
San Diego, California 92121

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.*

By: C T Corporation System  
*[Signature]*  
(Registered agent's signature)

**Nazeem A. Conde**  
Special Assistant Secretary

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:

Manager Name: Mark Evans

Member Address: 6957 Catamama Drive

Authorized Person Carlsbad, CA 92011

Other CEO  Other

Title or Capacity: Name and Address:

Manager Name: David Goodwin

Member Address: Williams House 2nd Floor

Authorized Person 20 Reid Street, P.O. Box 11m 3396

Other Hamilton HM PX, Bermuda  Other

Manager Name: Aaron Kamerush

Member Address: 7629 Girard Ave. #201

Authorized Person La Jolla, CA 92037

Other  Other

Manager Name:

Member Address:

Authorized Person

Other  Other

Manager Name: Dirk Wray

Member Address: 814 Poco Valle Ct.

Authorized Person Henderson, NV 89015

Other  Other

Manager Name:

Member Address:

Authorized Person

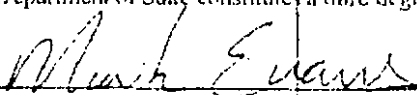
Other  Other

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 STATE OF FLORIDA  
 TALLAHASSEE COUNTY

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 §.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Mark Evans  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMSTON WRATHER 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 ELEVENTH DAY OF JUNE, A.D. 2019.

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# 20195379876

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203005420

Date: 06-11-19