

2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: jen.hamn@libd.b.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
Liberation Distribution, LLC

164952/1

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Liberation Distribution, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

2. Delaware 83-3437940
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. 4901 Savarese Circle N, Suite 1 Tampa, FL 33634
6. 6980 Santa Teresa Blvd, Suite San Jose, CA 95119
(Mailing Address)

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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: [Signature]
CT Corporation System
(Registered agent's signature)

ANN J. WILLIAMS
Special Assistant Secretary

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TALLAHASSEE, FLORIDA

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: Cheryl M. Durzy
 Member Address: 6980 Santa Teresa Blvd
 Authorized Suite 201
 Person San Jose, CA 95119
 Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Richard V. Brashears
 Member Address: 6980 Santa Teresa Blvd
 Authorized Suite 201
 Person San Jose, CA 95119
 Other _____ Other _____

Manager Name: Thomas C. Cole
 Member Address: ONE NATIONAL DR., S.W.
 Authorized ATLANTA, GA 30331
 Person _____
 Other _____ Other _____

Manager Name: Nicholas M. Mehall
 Member Address: ONE NATIONAL DR., S.W.
 Authorized ATLANTA, GA 30331
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

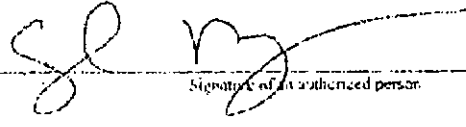
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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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
 Cheryl M. Durzy

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERATION DISTRIBUTION, 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 SEVENTH DAY OF OCTOBER, A.D. 2019.

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

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JWB
Jeffrey W. Bullock, Secretary of State

7150009 8300

SR# 20197412223

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203738448

Date: 10-07-19