

efax

7/9/2014

**P F1400002942**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000163708 3)))



H140001637083ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850) 656-7956  
Fax Number : (850) 656-7953

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

Email Address: Vicky@equinix.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Equinix (US) Enterprises, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

*B 7/10/14*

Stamp: TALLAHASSEE, FL 32301

14 JUL -9 AM 10:43

REC-110

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. Equinix (US) Enterprises, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 8/30/2005

(Date of incorporation) ----

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Lagoon Drive, 4th Floor, Redwood City, CA 94065

(Principal office address)

One Lagoon Drive, 4th Floor, Redwood City, CA 94065

(Current mailing address)

8. Global network neutral data center company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: \_\_\_\_\_

Incorporating Services, Ltd.

Office Address: \_\_\_\_\_

1540 Glenway Drive

Tallahassee

(City)

Florida 32301

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Zifadawa Khan, Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Cathryn ArnellAddress: One Lagoon Drive, 4th Floor, Redwood City, CA 94065Director: Simon MillerAddress: One Lagoon Drive, 4th Floor, Redwood City, CA 94065**B. OFFICERS**President: Stephen SmithAddress: One Lagoon Drive, 4th Floor, Redwood City, CA 94065

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Brandi Galvin MorandiAddress: One Lagoon Drive, 4th Floor, Redwood City, CA 94065Treasurer: Melanie MockAddress: One Lagoon Drive, 4th Floor, Redwood City, CA 94065

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Melanie Mock, Treasurer

(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQUINIX (US) ENTERPRISES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUINIX (US) ENTERPRISES, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4022901 8300

140922059

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1511698

DATE: 07-07-14