11/17/2016

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000283876 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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 PROFIT/NONPROFIT CORPORATION SOLARWINDS MSP US, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: SOLAR	RWINDS MSP US,	INC			
2		Nam	of corporation	n - must	include suffix	**************************************
Dear S	ir or Madam;					
"Certif	ficate of Exister	ation by Foreign (ace," or "Certifica ign corporation to	te of Good Sta	inding" a	nd check are su	act Business in Florida," bmitted to register the
Please	return all corre	spondence concer	ning this matte	er to the f	oflowing:	
Michae	el Snyder					·
			Name of	Person		
SOLA	RWINDS MSP (J\$, INC				
~			Firm/Co	npany		
7171 S	outhwest Pkwy 8	Ste 400				
			Add	ress	- 	· · · · · · · · · · · · · · · · · · ·
Austin	TX 78735					
			City/State	and Zip c	ode	and the second s
michae	Lsnyder@solarw					
		E-mail addre	ss: (to be used	for futur	c annual report	notification)
For fur	ther informatio	n concerning this	matter, please	call:		
Michae	1 Snyder		at (512)	682-	9324	
	Name of Pers	on	Area Co	de	9324 Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussec, FL 32314		
Enclos	ed is a check fo	r the following an	nount:			
(7) \$70	.00 Filing Fcc	S78,75 Fili Cortificate			Filing Fee & ed Copy	☐ \$87.50 Filing Fcc, Certificate of Status & Certified Copy

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.

	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," *Inc.," "Co.," "Corp.," *Inc.," "Co.," or "Corp.!)							
,								
(If pame unavoil	able in Florida, enter alternate corporate name ad	opted for the purpose of transac	ung business in Florida)					
2. Delaware	3							
(State or country	y under the law of which it is incorporated)	(FEI mumber, if	applicable)					
4 05/25/2016	. 5							
(Date	of incorporation)	(Date of duration, if oth	(Date of duration, if other than perpetual)					
6,								
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) L.F.S., to determine peopley had	hilityi					
	Pkwy Ste 400, Austin, TX - 78735	, , , , , , , , , , , , , , , , , , , ,	,,					
7	,	office address)	· · · · · · · · · · · · · · · · · · ·					
	(, interpar	Willow dealers,						
***************************************	(Current meilion	Adress if different)						
**************************************	(Current mailing	address, if different)						
8. Name and stree	•							
	a address of Florida registered agent: (P.O.		TARE TO					
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O.) C T Corporation System							
Name:	a address of Florida registered agent: (P.O.		TER YEV ST					
Name:	et address of Florida registered agent: (P.O. e C T Corporation System 1200 South Pine Island Road	Box NOT acceptable)	T T					
Name:	et address of Florida registered agent: (P.O. e C T Corporation System 1200 South Pine Island Road		T T					
Name: Office Address:	et address of Florida registered agent: (P.O. 1) C T Corporation System 1200 South Pine Island Road Plantation (City)	Box NOT acceptable) , Florida 33324	1923 - m					
Name: Office Address: O. Registered ag Having been nam	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept service	Box NOT acceptable) , Florida	T P P. 01 at the place at the p					
Name: Office Address: Office Address: Office Address: Office Address: Office Address: Name: Na	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida	TOP STATE ated corporation at the place agree to act in this capacity.					
Name: Office Address; Office Address; Office Address; Office Address; Office Address; Office Address; It is a support to a suppor	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept service	Box NOT acceptable) , Florida 33324, Florida (Zip code) of process for the above stant as registered agent and a stive to the proper and comp	ated corporation at the place gree to act in this capacity. plete performance of my					
Name: Office Address; Office Address; Office Address; Office Address; Office Address; Registered against the second agains	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes relications.	Box NOT acceptable) , Florida \(\frac{33324}{(\textit{Zip code})} \) of process for the above stant as registered agent and antive to the proper and company position as registered age	ated corporation at the place gree to act in this capacity. plete performance of my					
Name: Office Address: Office Address: Office Address: Office Address: Office Address: Office Address: Name:	CT Corporation System 1200 South Pine Island Road Plantation (City) cut's acceptance: aed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes religionalities with and accept the obligations of new complete complete the applications of new complete	Box NOT acceptable) , Florida 33324 (Zip code) of process for the above stant as registered agent and attive to the proper and compay position as registered agent	ated corporation at the place gree to act in this capacity. plete performance of my					

10. 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.

11. Names and business addresses of officers and/or directors:							
A. DIRECTORS							
Chairman:							
Address:							
Vice Chairman:							
Address:							
Director: Jason Bliss	· · · · · · · · · · · · · · · · · · ·						
7171 Southwest Pkwy Ste 400 Austin TX 78735							
Director:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Address:	22 元 1						
	N 2 1						
B. OFFICERS	is I m						
I Borton Kalsu							
Address: 7171 Southwest Pkwy, Ste 400, Austin, TX 78735	ORATE O						
Admess:							
Vice President:							
Address:							
Jason Bliss	· · · · · · · · · · · · · · · · · · ·						
7171 Southwood Plany Sto 400 Austin TV 78735							
Address: 7171 Southwest Fkwy, Ste 400, Addin, 12 70735	The state of the s						
Treasurer:							
Address:							
NOTE: If necessary, you may attach an addendum to the application listing additional of	Ticers and/or directors.						
12. Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 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 \$.817.155, F.S.	separate or state constitutes						
13. JASON BLISS DIRECTOR and Secretary							

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

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOLARWINDS MSP US, 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 ELEVENTH DAY OF AUGUST, A.D. 2016.

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

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

6050547 8300

SR# 20165330119

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

Authentication: 202813925

Date: 08-11-16