

F19000003315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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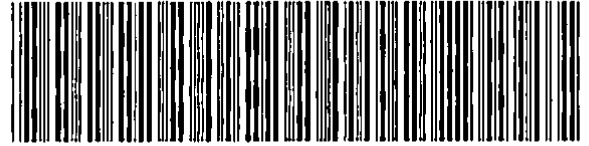
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUL 17 PM 12:26

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TALLAHASSEE, FLORIDA

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DATE: 7/17/19

NAME: K4 MOBILITY INC.

TYPE OF FILING: APPLICATION

COST:

\$ 78.75

RETURN: CERTIFIED COPIES PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File second **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K4 Mobility Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hrshikesh (Rishi) Potdar

Name of Person

K4 Mobility Inc.

Firm/Company

20 N. Wacker Drive, Suite 1200

Address

Chicago, Illinois 60606

City/State and Zip code

rishi.potdar@k4mobility.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hrshikesh (Rishi) Potdar

at (312) 231-7859

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
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.*

K4 Mobility Inc

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

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

Delaware

2. _____ 3. 84-2258198
(State or country under the law of which it is incorporated) (FEI number, if applicable)

July 15, 2019

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

July 15, 2019

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

20 N. Wacker Drive, Suite 1200, Chicago, Illinois 60606

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: TRAC - The Registered Agent Company

Office Address: 236 E. 6th Avenue

Tallahassee, Florida 32303
(City) (Zip code)

9. 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.



(Registered agent's signature)

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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: None

Address: _____

Director: Michael J. Small

Address: 20 N. Wacker Drive, Suite 1200

Chicago, Illinois 60606

Director: Anand K. Chari

Address: 20 N. Wacker Drive, Suite 1200

Chicago, Illinois 60606

B. OFFICERS

President: Anand K. Chari

Address: 20 N. Wacker Drive, Suite 1200

Chicago, Illinois 60606

Vice President: None

Address: _____

Secretary: Hrishikesh (Rishi) Potdar

Address: 20 N. Wacker Drive, Suite 1200, Chicago, Illinois 60606

Treasurer: Hrishikesh (Rishi) Potdar

Address: 20 N. Wacker Drive, Suite 1200, Chicago, Illinois 60606

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

12. Rishi Potdar
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 s.817.155, F.S.

13. Hrishikesh (Rishi) Potdar
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

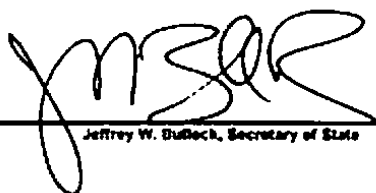
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "K4 MOBILITY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K4 MOBILITY INC." WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2018.

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

FILED
19 JUL 17 PM 11:30
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7003104 8300

SR# 20195999022

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

Authentication: 203225904

Date: 07-16-19