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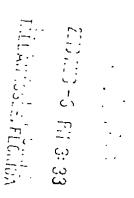
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COVER LETTER

Division of Corporation	S				
SUBJECT: Simi	Ili Safo, Ir)(¹.			
	Name of corpora	tion - must i	nclude suffix		
Dear Sir or Madam:					
The enclosed "Application by Foundation of Existence," or "Cabove referenced foreign corpor	Certificate of Good	Standing" ar	nd check are sub		
Please return all correspondence	concerning this ma	atter to the f	ollowing:		
Hlia henmusa				71.	
Simplifate Tro	Name	of Person			
	Firm/C	Company		(N)	
294 lubshinaton St	rreet flo	v(9			
Boston MA 0210	8	ddress		25. 3	
	City/Sta	te and Zip c	ode		
alia OSimpusate.C	om				
U E-ma	il address: (to be us	ed for future	e annual report	notification)	
For further information concerns	ing this matter, plea	se call:			
Ala benmusa Name of Person	at ((Q))	20)	84020 Daytime Telep	hone Number	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a check for the follo	wing amount:				
-	3.75 Filing Fee & rtificate of Status		Filing Fee & ed Copy	\$87.50 Filing F Certificate of S Certified Copy	Status &

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," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Simplified The. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DE 3. 205 367 003
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
6(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
(Principal office address)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT COrporation System
Office Address: 1200 South Vine Island KI)
(City), Florida 33324 (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.
Nichol McCroy, Assistant Secretary (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.

1. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	_
Address:	
Vice Chairman:	_
Address:	
Director:	·
Address:	
Director:	
Address:	
B. OFFICERS	
President: Chirles Laurans	
Address: 299 Wishington Street Flow 9 = 2	
Bosten MA OZIOR	
Vice President:	
Address:	
Secretary: Brian Bloch	
Address: 294 Woshington Street Floor 9 Boston, MH 02108	
Treasurer: Ian Drummond	
Address: 299 Washington Street Flow 9 Boston MA 02108	
NOTE: If necessary, you may attach an addendum to the application listing additional officers 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 he are true and that he or she is aware that false information submitted in a document to the Department of State const a third degree felony as provided for in s.817.155, F.S.	rein itutes
13. Brian Block, Secretary (Typed or printed name and capacity of person signing application)	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "SIMPLISAFE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE ELEVENTH DAY OF AUGUST,

A.D. 2006, AT 4:42 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "SIMPLYSAFE, INC." TO "SIMPLISAFE, INC.", FILED THE TWENTY-EIGHTH DAY OF COMMERCEMBER, A.D. 2006, AT 2:11 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTEENTH DAY OF MARCH, A.D. 2007, AT 5:16 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-THIRD DAY OF JANUARY, A.D. 2014, AT 3:17 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRD DAY OF AUGUST, A.D. 2018, AT 9:52 O'CLOCK A.M.

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SR# 20195263552

ne at corp.delaware.gov/authyer.shtml

Authentication: 202969565

Date: 06-05-19

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