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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2019

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MELODY DAVIS 8260 GREENSBORO DRIVE SUITE:400 MCLEAN, VA 22102

SUBJECT: ARROWPOINT CORPORATION

Ref. Number: W19000100682

We have received your document for ARROWPOINT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 719A00023574 ₹

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RECEIVED
DEC 1 8 2019

COVER LETTER

	tration Section on of Corporat	ions				
SUBJECT:	Arrowpoint Co					
SUBJECT		Name of corpora	tion	- must include suffix		
Dear Sir or M	adam:					
"Certificate of above reference	f Existence," or ced foreign cor		Stan sines		bmitted to register #	
Arrowpoint Co	rporation	Name	of F	Person	<u>-11</u> =	
8260 Greensbo	ro Drive, Suite 4	Firm/0	Comp	pany	중취 -	7
McLean, VA 2	2102	A	ddre	SS		
melody_davis@	garrowpoint.net			d Zip code		
1	E-	mail address: (to be us	ed fo	or future annual report	notification)	•
For further inf	ormation conce	erning this matter, plea	se ca	all:		
Melody Davis		703 at (955-7311		
Name	of Person	Area	Code	Daytime Telep	nhone 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 c	ng Fee 🛢 S	llowing amount: 678.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop	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.

1.	Arrowpoint Cor	poration				
•	(Enter name of c	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	ARWPT Corpo	ration				
	(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business	in Florida)		
2.		3	4-1983461	·		
(State or country under the law of which it is incorporated) 4-1-00 4.			(FEI number, if applicable)			
		of incorporation) 5	(Date of duration, if other than perpe	itpal)		
6.	8-26-2019		· · · · · · · · · · · · · · · · · · ·	<u>.</u>		
7.	8260 Greensboro	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150) Drive, Suite 400 McLean, VA 22102	2, F.S., to determine penalty liability).	PM 2:		
۲۰,		(Principal	office address)	-1		
		(Current mailing	address, if different)			
8.	Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
	Name:	InCorp Services, Inc	_			
Office Address:	ffice Address:	17888 67th Court North	<u> </u>			
		Loxahatchee	33470 , Florida			
		(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.

Heather Glenn on behalf of InCorp Services, Inc.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: **B. OFFICERS** Chris W Small President: 8260 Greensboro Drive, Suite 400 Address: McLean, VA 22102 Vice President: Address: _____ Melody Davis Secretary: _ 8260 Greensboro Drive, Suite 400 McLean, VA 22102 Address: _ Treasurer: NOTE: If necessary, you may afrach an addendum to the application listing additional officers and/or directors. Mus 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. Melody Davis, Secretary

Commonbrealth of Hinginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Comm	ission	ı.≅	
That ARROWPOINT CORPORATION is duly incorporated under the law of the			alth of Virginia
That the date of its incorporation is April 6, 2000;	SSEE,	<u></u>	
That the period of its duration is perpetual; and	, 518 FLOF	PM 2:	ED
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That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 2, 2019

Joel H. Peck, Clerk of the Commission