

#M14000004381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2014 JUN 19 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINES.

JUN 20 2014

*Handwritten signature and date: 2014 JUN 20*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2014

EDUARDO ESCALANTE  
2660 SARNEN ST., STE. 200  
SAN DIEGO, CA 92154

SUBJECT: VIASTARA, LLC  
Ref. Number: W14000025801

We have received your document for VIASTARA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P10000090368 "VIASTARA, INC.".

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 614A00008695

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Viastara, LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Eduardo Escalante**

\_\_\_\_\_  
Name of Person

**Viastara, LLC**

\_\_\_\_\_  
Firm/Company

**2660 sarnen st suite 200**

\_\_\_\_\_  
Address

**San Diego, CA 92154**

\_\_\_\_\_  
City/State and Zip Code

**danielabalderas@viastara.com**

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

For further information concerning this matter, please call:

**Daniela Balderas**

**619**

**661-0222**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**viasara**

Viasara, LLC  
2660 Sarnen Street, Suite 200  
San Diego, CA 92154  
T (619) 661.0222  
F (619) 661.9199  
Inside Mexico Toll Free 01 (800) 824 0674

FILED  
2014 JUN 19 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 20<sup>th</sup>, 2014

Karen A Saly  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations

Subject: Viasara LLC  
Ref: Number: W140000025801

We have received your notification that the name of the limited liability company that we are trying to register, as a foreign LLC to conduct business in Florida is not available since it is an existing name under a corporation.

The document number in conflict is: **P100000368 "VIASTARA, INC."**

We want to inform that Viasara INC and Viasara, LLC has the same owners and principal officers.

I am giving consent for the foreign entity to use the same name as the registered corporation in question.

Please let me know if you need additional information to proceed with our request.

Thank you,

Eduardo Escalante  
CEO-Managing Director

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Viastara, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. California 3. 20-1062757  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

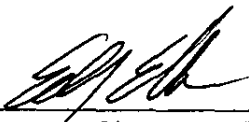
5. 2660 Sarnen St, Suite 200  
San Diego, CA 92154  
(Street Address of Principal Office)

6. same as above  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Eduardo Escalante-Managing Partner

2660 Sarnen St. Suite 200  
San Diego, CA 92154

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, and I am aware that any 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.)

Eduardo Escalante  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
2014 JUN 19 PM 4:28  
STATE OF FLORIDA  
TALLAHASSEE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Viastara, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Eduardo Escalante

(Name)

8600 NW 36th Street Suite 150

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Doral,

33166

FL

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
2014 JUN 19 PM 4:28  
CLERK OF CIRCUIT COURT  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** VIASTARA, LLC

**FILE NUMBER:** 200410610032  
**FORMATION DATE:** 04/13/2004  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 7, 2014.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

ABW