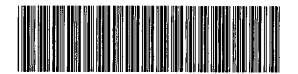


(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		·		
<u> </u>	<b>**</b>			





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SECRETARY OF STATE
FALL ANASSEF FLORIDA

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TO:			,	•	•	•
	Divisio	n of Corporatio	ns <sub>.</sub>			
CUDI		bex LLC				
SUBJ	ECT:		Name o	of Limited Liability	Company	<del></del>
The er	Registration Section Division of Corporations  Cubex LLC					
Existe	nce, and ch	neck are submitte	ed to register the above ref	erenced foreign lim	ited liabilit	y company to transact business in Florida.
Please	return all	correspondence	concerning this matter to th	he following:		
		Julie Broadsto	n			
	٠			Name of Person		
		Cubex LLC				
				Firm/Company		
		1048 N 441h S	treet, Suite 100			
		· · <u>-</u> · · ·-		Address	<del></del>	
		Dhoonin A770	<b>500</b> 0			選負 の
			City	/State and Zip Code	e	<b>55. ω</b> Γ
		jbroadston@cub	exsystem.com			
	-	<u>-</u>	E-mail address: (to be us	sed for future annua	al report no	tification)
For fu	rther inforr	nation concernin	g this matter, please call:			AND OB
Julie Broadston		,	268-79	55		
	<del> </del>	Name o	of Contact Person		Day	ytime Telephone Number
	<u>MAILI</u>	NG ADDRESS:			STREE	Γ ADDRESS:
Division of Corporations						
						<u> </u>
	i alialia:	3506, I'L 32314		,		
Enclos		ck for the follow	-			
	<b>\$</b> 125	.00 Filing Fee	□ \$130.00 Filing Fee &			□ \$160.00 Filing Fee, Certificate
			Certificate of Status	Certified Copy	r	of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transa" or "LLC.")	acting business in Florida. The alternate	name must include "Limited
Arizona	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applical	ole)
02/29/2012			
•	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, if prior to registration.)	
1048 N 44th Street, Su		s. to determine penalty hability)	
Phoenix, AZ 85008			<del></del>
	(Street Address of Principal C	Office)	_
. 1048 N 44th Street, Sui	ite 100		
Phoenix, AZ 85008			
	(Mailing Address)		ALIAN 3
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accentable)	Maria m
	Paracorp Incorporated	<u>nor</u> acceptable)	
Name:			ू थ
Office Address:	155 Office Plaza Drive, 1st Floor		E G
	Tallahassee	, Florida 32301	
legistered agent's accep	(City)	(Zip code)	
is application, I hereby	gistered agent and to accept service of pr accept the appointment as registered age statutes relative to the proper and comple ition as registered agent.	ent and agree to act in this capacity.	I further agree to comp
	(Registered agen	t's signature)	<del></del>
	acity and address of the person(s) who has	/have authority to manage is/are:	
Anton Visser, Manager			
essica Flesey, Director of	f Finance		
ulie Broadston, Accounta	ant		
Attached is a certificate risdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)	uly authenticated by the official having is in a foreign language, a translation	ng custody of records in to of the certificate under of
	Signature of an auth	norized person	
his document is executed	l in accordance with section 605.0203 (1)	(b), Florida Statutes. 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.

Julie Broadston

#### STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

**DATE:** 8/21/2015

ENTITY NAME: CUBEX LLC

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary

Sharon Cooke

Paracorp Incorporated







# Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

\*\*\*CUBEX LLC\*\*\*

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 2nd day of May 2011.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 21st day of August, 2015, A. D.



Jodi A. Jerich, Executive Director

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