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C LEWIS

file secondi folo not separate pleasex

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 838357 784251

AUTHORIZATION : Smelle

COST LIMIT : \$/125.00

ORDER DATE: October 20, 2015

ORDER TIME : 10:01 AM

ORDER NO. : 838357-005

CUSTOMER NO: 7842511

FOREIGN FILINGS

NAME: MOBILE PRODUCTIVITY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:

ro:	Registration Section Division of Corporati	ons				
SUBJE	Mobile Productivi	-			·	
30 10 11	C1.		Limited Liability	Company		
		oreign Limited Liability Com ted to register the above refer				
Please r	eturn all correspondence	concerning this matter to the	e following:			
		N	lame of Person			
	Corporation S	Service Company				
		F	irm/Company			
		· · · · · · · · · · · · · · · · · · ·	Address			
		City/S	State and Zip Code	<u></u>		
		E-mail address: (to be use	d for future annua	l report no	lification)	
or furth	ner information concerni	ng this matter, please call:				
	Maura Toler		817 at (961-20		
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclosed	is a check for the follo \$125.00 Filing Fee	wing amount: \$\Boxed{\Pi}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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:

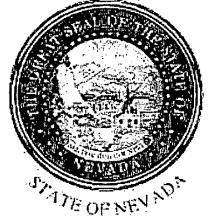
COMPANT TO TRANSACT B	OSINESS IN THE STATE OF FLORIDA	·				
1. Mobile Productivity, I						
(Name of For	reign Limited Liability Company; mus	st inclu	ide "Limited Liab	ility Company," "L.L.C	C.," or "LLC.")	
(If name unavailable, enter a	alternate name adopted for the purpose	e of tra	nsacting business	s in Florida. The alterna	ite name must inc	lude "Limited
2. Nevada		3.	26-0626860			
(Jurisdiction under the law company is organized)	v of which foreign limited liability	٥.		(FEI number, if appli	icable)	
Upon Qualification						
4. Opon Quanneation	(Date first transacted busines	ss in F	lorida, if prior to	registration.)		
5. 770 E. TECHNOLOG	(See sections 605.0904 & 605. GY AVENUE; BLDG F	0905,	r.s. to determine	penaity habitity)		
OREM, UT 84097						=======================================
550 P (SPOLDIO) 0.0	(Street Address of P	'rincip	al Office)			5 音
6. 770 E. TECHNOLOG	Y AVENUE; BLDG F			· · · · · · · · · · · · · · · · · · ·		007
OREM, UT 84097						22
	(Mailing A	Addres	s)			
7. Name and street addre	ess of Florida registered agent: (P.	O. Bo	x NOT accepta	ıble)		M 9: 2
Name:	Corporation Service Company	<i>!</i>				21
Office Address:	1201 Hays Street					
	Tallahassee			, Florida <u>32301</u>	<u></u>	
Registered agent's accep	(City)			(Zip cod	ie)	
Having been named as re	egistered agent and to accept serv					
	accept the appointment as registed statutes relative to the proper and					
the obligations of my pos	sition as registered agent.	_	pieie perjormai	ice of my unites, uni	•	•
	Corporation Service Company By:	′ (In AP		Courtney Asst. Vice	Williams President
		red ag	ent's signature)		-Ass t. Vice	FIESIGETIC
8. The name, title or can	acity and address of the person(s)	who t	r ias/have authorii	ty to manage is/are:		
-	- President - 770 E. TECHNOLOG			-	97	
BRADY, JASON - Secre	etary - 7 VILLAGE CIRCLE STE	E 100	WESTLAKE,	TX 76262		
GIGER, RENATO - Chie	ef Financial Officer - 7 VILLAGE	CIRC	CLE STE 100	WESTLAKE, TX 76	5262	
0. Association as 100 as	C 1 00 L		1 1 .1 .1			
	e of existence, no more than 90 day of which it is organized. (If the ce submitted)					
	Synature	of an a	uthorized person	411		
(In accordance with section	on 605.0203 F.S. the execution of	f this c	document consti	tutes an affirmation :	inder the nepalt	ies of neriury tha

the facts stated herein are true. 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.)

Jason Brady

Typed or printed name of signce

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MOBILE PRODUCTIVITY**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 10, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 20, 2015.

BARBARA K. CEGAVSKE Secretary of State

Borhora K. Cegovske

Electronic Certificate
Certificate Number: C20151020-2102
You may verify this electronic certificate
online at http://www.nvsos.gov/