2/4/2016

Division of Corporations

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	Fax Number	,	(561)694-1639	•		

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Foreign Limited Liability Company Ignition Wireless, LLC

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

. . . .

L IONITION WIRELESS	. LLC			
(Name of Fure	gn Limited Liability Company; must inch	ide "Limited Liability Company," L.L.C., or	13.32;")	
Liability Company," "L.L.C."	ernate name adopted for the purpose of transmit NAC (*)	anspeting business in Florida. The alternate com-	e innst include "Lim	ilerl
2. WASHINGTON		90-0337632 (FEI number, if applicable)		
(Jurisdiction under the law (company is organized)	if which foreign limited liability	(Fix number, il applicable)		
4	1/14/2016			
	(Date first transacted business in (See sections 605,0904 & 605,0905,	Florida, if prior to registration.) Fig. to determine penalty liability)	To B	·
5. JAY POWERS		<u> </u>	1	
5400 CAPILL (IN DOU	NT, KJRKLAND, WA 98033) dostale
PART CALLEDON LOID	(Sired Address of Princ)	pal (Office)	- SS +	
6 JAY POWERS				in liberature
	NT, KIRKLAND, WA 98033		<u> </u>	
24(0) CV&(FFO)(1.01	(Mailing Addre	sa)		
7 Name and street address	s of Florida registered agent: (P.O. B	ov NOT accentable)	9	၁
	PARACORP INCORPORATED	THE STATE OF THE S		
Name:		THE CACAD		
Office Address:	155 OFFICE PLAZA DRIVE, IST		•	
	TALLAHASSEE	Florida 32,07 (Zip ende)	_	
Registered agent's accep-		(Zip ende)		
designated in this applicate complywith the provision	tion. I heroby accept the appointmen ons of all statutes volative to the prop my position as registered agent.	of process for the above stated limited liabit t as registered agent and agree to act in th ar and complete performance of my duties	is capacity. I furth	her agree
		ttached	_	
	(кешинеса :	gent's signature)		
·	icity and address of the person(s) who			
NORMAN LEMAY, MA	NAGER, 5400 CARILLON POINT.	KIRKLAND, WA 98033	 _	
JAY POWERS, MANAG	ER, 5400 CARILLON POINT, KIRF	(LAND, WA 98033		
JEREMY SANDS, MAN	AGER, 5400 CARILLON POINT, K	IRKLAND, WA 98033		
9. Attached is a certificule jurisdiction under the law of the translator must be so	of which it is organized. (11 the certifi	ld, duly authenticated by the official having care is in a foreign language, a trunslation o	custody of records f the curtificate und	i in the der oath
	Signalaterolar	nuthorized person	-	
	the Department of State constitutes a	(1) (b). Florida Statutes, I am aware that an third degree felony as provided for in s.817 DS, MANAGER		I

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 02/03/2016

ENTITY NAME: IGNITION WIRELESS, 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 Coshe

Paracorp Incorporated

THURS.



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF IGNITION WIRELESS, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 12/21/2006.

I FURTHER CERTIFY that as of the date of this certificate, IGNITION WIRELESS, LLC remains active and has complied with the filing requirements of this office.

Date: January 19, 2016

UBI: 602-678-071



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State