# Mlccools643

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4150,4099,6209
W16-48607

Office Use Only



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07/14/16--01001---002 \*\*440.00

16 JUL 13 PM 3: 5:

JUL 15 2016 S. YOUNG



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 14, 2016

SUNSHINE CORPORATE FILING OF FLORIDA INC

SUBJECT: BLUEHORNET NETWORKS LLC

Ref. Number: W16000048607

We have received your document for BLUEHORNET NETWORKS LLC and your check(s) totaling \$440.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00014684

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### SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: $\frac{7/13/16}{}$
ENTITY NAME:
BLUEHORNET NETWORKS LLC
**PLEASE FILE THE ATTACHED AND RETURN:**
Plain Copy Certified Copy State of the control
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:  Document Number:
Certified Copy of Arts & Amendments  Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED:/25-00
Thank you!
Tina Goff, President

#### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		Name of	Limited Liability (	Company		<u>-</u>
		eign Limited Liability Comp d to register the above refer				
Please return	all correspondence o	concerning this matter to the	following:			
		N	ame of Person			-
		F	irm/Company			-
			Address			TALLAHA  TO JUN
						ASSET.
		City/S	State and Zip Code			- may 1 1 1 1
	clong@bluehorn	et.com				୍ ର
		E-mail address: (to be use	d for future annual	report not	ification)	- "C≫:
For further i	nformation concernin	g this matter, please call:	at (	)		
<del></del>	Name o	f Contact Person	Area Code	Day	time Telephone Number	-
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

### 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 RUSINESS IN THE STATE OF FLORIDA

COMPANYTO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA	1					
I. BLUEHORNET NETV							
(Name of Fore	ign Limited Liability Company; mu	st inch	de "Limited Lial	oility Company," "L.L.C.," o	r "LLC.")		
Of name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpos	e of tra	nsacting business	s in Florida. The alternate na	me must include	"Limite	d
DELAWARE		1	33-0901880				
(Jurisdiction under the law company is organized)	of which foreign limited liability	3.	-	(FEI number, if applicable	:)	1-1-1-1-10 1-1-1-1-1-10	
4. JUNE 29, 2016					·············		
	(Date first transacted busine (See sections 605 0904 & 605	.ss in F .0905	lorida, it prior to F.S. to determine	registration.) penalty liability)		&	500
5. 2355 NORTHSIDE DI	RIVE, SUITE B250					<u>ග</u>	
SAN DIEGO, CA-921							が対
0.1548.40.000000000000000000000000000000000	(Street Address of	Princip	al Office)		_	ယ	22,2
6. SAME AS STREET A	DURESS		<del></del>			Ţ.	THE STATE OF
						ထဲ	25 25
	(Mailing	Addres	s)		_	20	
7. Name and street address	s of Florida registered agent: (P	.O. Bo	x <u>NOT</u> accept:	able)			*#±3"
Name:	NRAI SERVICES, INC			_			
Office Address:	1200 SOUTH PINE ISLAND						
	PLANTATION			, Florida 33324 (Zip code)			
	(City)	·· ··	<del></del>	(Zip code)	<b>→</b>		
designated in this applica	gistered agent and to accept ser tion, I hereby accept the appoin	tment	as registered ag	gent and agree to act in ti	his capacity. 1	further	agree
	ons of all statutes relative to the my position as registered agent.	prope	r and complete	performance of my dutie	s, and I am far	niliar )	viin ana
	(Regist	tered a <sub>l</sub>	gent's signature)		<del>-</del>		
8. The name, title or capa	icity and address of the person(s)	) who l	as/have author	ity to manage is/are:			
•	AGING MEMBER, 338 PIER A			•			
SEE ATTACHED LIST (	OF OFFICERS	•••					
**************************************							
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 do of which it is organized. (If the cubmitted)	nys old ertifica	, duly authentic ate is in a forcig	ated by the official having in language, a translation	g custody of rec of the certificate	ords in e under	the oath
	Signature	of an	authorized person	1	_		
This document is executed submitted in a document to	in accordance with exition 605.	0203 (	1) (b), Florida S	Statutes. I am aware that a	ny false informa	ition	
The state of the s	CLAIRE LONG, CHIEF FINA	_		my as provided for m a.o.t	,		
			name of signee		*****		

# ATTACHMENT TO FLORIDA APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FOR BLUEHORNET NETWORKS LLC

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are, continued:

<u>Name</u>	<u>Title</u>	Business Address	
Eric Hinkle	Chairman	338 Pier Avenue Hermosa Beach, CA 90254	» No a
Jonah Sulak	President and Secretary	338 Pier Avenue Hermosa Beach, CA 90254	
Cody Kase	Vice President and Assistant Secretary	338 Pier Avenue Hermosa Beach, CA 90254	in in Sm
Robb Warwick	Vice President	338 Pier Avenue Hermosa Beach, CA 90254	
Claire Long	Treasurer and Chief Financial Officer	2355 Northside Drive, Suite B250 San Diego, CA 92108	

## **Delaware**

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUEHORNET NETWORKS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEHORNET NETWORKS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

16 IIII 13 AM 8: 02

Authentication: 202611406

Date: 07-06-16

6082875 8300 SR# 20164791314