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(((H160001695903)))



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To:

Division of Corporations

Fax Number

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From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company **Emergency Networks LLC**

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Emergency Networks LLC				
Name of Limited Liability Company					
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid				
Please r	eturn all correspondence concerning this matter to the following:				
	Janice Null				
Name of Person					
InCorp Services, Inc.					
Firm/Company					
3773 Howard Hughes Parkway, Suite 500S					
Address					
Las Vegas, NV 89169-6014					
City/State and Zip Code					
documents@incorp.com					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Janice Null on behalf of InCorp Services, Inc. 702 866-2500					
Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclose	d is a check for the following amount: \$\Bigsize \text{\$125.00 Filing Fee} \Bigsize \text{\$130.00 Filing Fee} \$\Bigsize \text{\$\Bigsize				

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

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

1. Emergency Networks LLC						
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")						
Liability Company," "L.L.C."	ernate name adopted for the purpose of transacting business in Florida. The alternate nar or "LLC.")	ne must include "Limited				
2. Colorado 3.						
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)				
4. Upon Registration						
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_				
5. 1725 Walnut Street	;, Suite B					
Boulder, CO 80302						
6 1725 Walnut Street	(Street Address of Principal Office) State B					
6.	,					
Boulder, CO 80302	(Mailing Address)	A STATE OF THE STA				
7. Normand according	· ·					
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	-Ki > Frank				
Name:	InCorp Services, Inc.					
Office Address:	17888 67th Court North	8				
•	Loxahatchee ,Florida 33470	_				
Registered agent's accept	(City) (Zip code)					
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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and						
accept the obligations of my position as registered agent.						
Olivia Gonzales on behalf of InCorp Services, Inc.						
	(Registered agent's signature)					
8. The name, title or capa	city and address of the person(s) who has/have authority to manage Is/are:					
Fritz Hendricks, Mana	ager. 10300 6th Ave. N., Plymouth, MA	<u> 55441</u>				
	<u></u>					
O Attached is a soutificate	of existence, no more than 90 days old, duly authenticated by the official having	enetody of records in the				
jurisdiction under the law	of which it is organized. Of the certificate is in a foreign language, a translation of					
of the translator must be submitted)						
	Simply of a state of a	- -				
7M.* 1	Signature of an authorized person					
This document is executed 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.						
Scott Sawyer						
Typed or printed name of signer						

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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Emergency Networks LLC

is a

Limited Liability Company

formed or registered on 03/12/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151175513.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/05/2016 that have been posted, and by documents delivered to this office electronically through 07/11/2016 @ 12;56:23 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/11/2016 @ 12:56:23 in accordance with applicable law. This certificate is assigned Confirmation Number 9734600



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."