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CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

	Date: 10-13-16 ACCT. 120160000072, Suna Data
Name:	AZTECA SYSTEMS, LLC
Document #:	
Order #:	
Certified Copy of Arts & Amend: Plain Copy:	
Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ 12-5.00

Thank you!

COVER LETTER

TO:	Registration Section Division of Corporat	ions					
SUBJE		LLC					
	<u> </u>	Name of Limited Liability Company					
The end Existen	closed "Application by Formation by Formation and check are submit	Foreign Limited Liability Comp tted to register the above refere	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida			
Please i	eturn all correspondenc	e concerning this matter to the	following:	·			
		N	ame of Person				
		Fi	rm/Company				
	Name of Limited Liability Company seed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of a and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. turn all correspondence concerning this matter to the following: Name of Person						
	Address						
		City/S	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	·	E-mail address: (to be used	for future annual report no	tification)			
For fur	her information concern	ning this matter, please call;		·			
	Nam	e of Contact Person		ytime Telephone Number			
	Division of Corporation Registration Section P.O. Box 6327	ons	Division Registra Clifton I 2661 Ex	of Corporations tion Section Building ecutive Center Circle			
Enclose	ed is a check for the follows: \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2016

CT

SUBJECT: AZTECA SYSTEMS, LLC

Ref. Number: W16000070261

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

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00022111

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:

, Azteca Systems, LLC		
(Name of Fore	sign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	CC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting business in Florida. The alternate name : " or "LLC.")	nust include "Limited
2. Delaware	3	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	
4	(Date first transacted business in Florida, if prior to registration.)	
	(See sections 605.0904 & 605.0905, F.S. to determine penalty flability)	
5. 11075 South State Stre	pet, Suite 24, Sandy, UT 84070	
	(Street Address of Principal Office)	=
6. 11075 South State Stree	et, Suite 24, Sandy, UT 84070	6 6)
		0007
	(Mailing Address)	$\overline{\omega}$
7. Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System	တဲ့ ှိ
Office Address:	1200 South Pine Island Road	<u> </u>
	Plantation . Florida 33324	
	(City) (Zip code)	
designated in this application complywith the provision comply with the provision of a compt the obligations of a	gistered agent and to accept service of process for the above stated limited liability tion, I hereby accept the appointment as registered agent and agree to act in this c ons of all statutes relative to the proper and complete performanch of my duties, a my position as registered agent. C T Corporation System By:	apacity. I further agre
	(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:	
Azteca Systems Holdings,	LLC, Manager, 11075 South State Street, Suite 24, Sandy, UT 84070	
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
		
Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authenticated by the official having cus of which it is organized. (If the certificate is in a foreign language, a translation of the abmitted)	tody of records in the e certificate under oath
	Signature of an authorized person	
	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fa the Department of State constitutes a third degree felony as provided for in s.817.15	
	Brian L. Haslam	
	Typed or printed name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AZTECA SYSTEMS, 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 203048248

Date: 09-23-16

6151815 8300

SR# 20165919309

You may verify this certificate online at corp.delaware.gov/authver.shtml