M1000009422

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Special Instructions to Filing Officer:				
W16-68414				

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SECRETARY OF STATE
SECRET

D. SCOTT NOV 2 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2016

JEFFREY KENNY 1298 KIFER RD, SUITE 508 SUNNYVALE, CA 94086

SUBJECT: AEGIS EXTENDED SERVICE, LLC

Ref. Number: W16000068414

2016 NOV 22 PM 23

We have received your document for AEGIS EXTENDED SERVICE, LL and your check(s) totaling \$130.00. However, the enclosed document has not filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

PLEASE INCLUDE TITLE OR CAPACITY FOR "K2 INSURNACE, LLC."

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 516A00023489

COVER LETTER

TO: Re	egistration Section ivision of Corporations					
SUBJECT	Aegis Extended Servi	ce LLC				
Name of Limited Liability Company						
				tion to Transact Business in Florida," led liability company to transact busin		
Please retui	rn all correspondence co	ncerning this matter to the f	following:			
	Jeffrey Kenny					
Name of Person						
	Aegis Extended Service LLC					
Firm/Company						
	1298 Kifer Road, Suite 508					
Address						
Sunnyvale, CA 94086						
		City/St	ate and Zip Code			
	jkenny@aegispow	ersports.com				
		E-mail address: (to be used	for future annual	report notification)		
For further	information concerning	this matter, please call:				
Je	effrey Kenny		800 at (572-5099 ext 104		
_	Name of	Contact Person	Area Code	Daytime Telephone Number		
D Ro P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	s a check for the following \$125.00 Filing Fee	ng/mount: \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	of Status & Certified Con Status & Certified		

APPLICATION BY FORFIGN 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:

Aegis Extended Service		
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting business in Florida. The alternate name "or "LLC.")	ne must include "Limited
2 California	3 47-4624619	
(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 liability)	
5 514 Via de la Valle Su		
Solana Beach, CA 920	13.5. 16	
	(Street Address of Principal Office)	三字 百 四
6. 1298 Kifer Road Suite	508	- 読記 72 戸
Sunnyvale, CA 94086	2 5	
	(Mailing Address)	一門の達し
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)	9
Name:	C T Corporation System	25 25
Office Address:	1200 South Pine Island Road	
	Plantation , Florida 33324	
	(City) (Zip code)	_
designated in this applica to complywith the provisi	gistered agent and to accept service of process for the above stated limited liab tion, I hereby accept the appointment as registered agent and agree to act in the ons of all statutes relative to the proper and complete performance of my dutie my position as registered agent. Tammy Tosteroo Tammy Tosteroo, Vice President (Registered agent's signature)	is capacity. I further agree
8. The name, title or cap:	acity and address of the person(s) who has/have authority to manage is/are:	~
•	-Robert J. Kimmet, President	K2 Insurance
514 Via de la Valle Suite	LLC is the	
	OTTO THE STATE STA	Sole Member
Solana Beach, CA 94086	Solana Beach, CA 94086	of Aegis Extender Service, LLC
	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the conficate is in a foreign language, a translation outputted)	custody of records in the
	(Jenny	_
	Signature of an authorized person	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that are the Department of State constitutes a third degree felony as provided for in s.81	y false information 7.155, F.S.
	Infference D. Warran	

Typed or printed name of signee

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: AEGIS EXTENDED SERVICE, LLC

FILE NUMBER:

201520310016

FORMATION DATE:

07/20/2015

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 25, 2016.

ALEX PADILLA Secretary of State