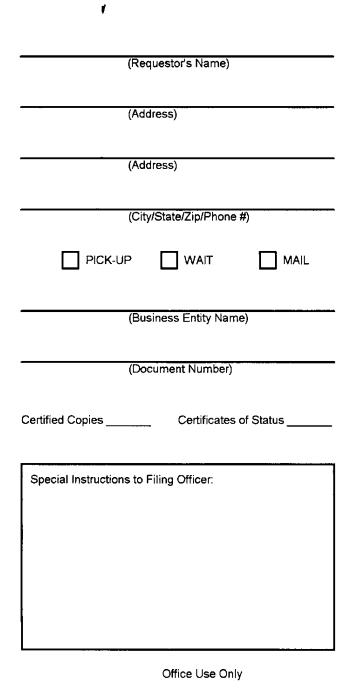
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COVER LETTER

TO:

Registration Section Division of Corporations

SLIDEWAVE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

JAMES T PARMA CPA

JAMES T PARMA PC CPA

Firm/Company

9330 CORPORATE DR STE 601

Address

SELMA, TX 78154-1256

City/State and Zip Code

JIM@JIMPARMACPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES PARMA

Name of Contact Person

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

			")
If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC.")
TEXAS		3. <u>47-2445471</u>	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI nur	mber, if applicable)
ł	(Date first transacted business in Florida, if prior t	o registration.)	<u></u>
. 9395 DAMRI INC	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to detern		אדבו ס
SANFORD, FL 32771		6. 110 E HOUSTON S	Idress)
		SAN ANTONIO, TX 78205-2991	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	DAVID C DAESCHLER		
Office Address:	8385 RAMBLING RIVER DR	<u> </u>	
	SANFORD	Florida 32771	
		Florida Carri	
Having been named as re lesignated in this applica	egistered agent and to accept service of ation, I hereby accept the appointment	Process for the above stated limite as registered agent and agree to ac	ed liability company at the place et in this capacity. I further agre
Having been named as re lesignated in this applica o comply with the provis	otance: egistered agent and to accept service of	Process for the above stated limite as registered agent and agree to ac	ed liability company at the place et in this capacity. I further agre
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Typed or printed name of signee

David C Daeschler

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

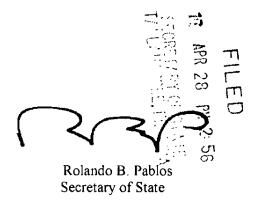
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SlideWave, LLC (file number 802109438), a Domestic Limited Liability Company (LLC), was filed in this office on December 01, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 21, 2017.





Come visit us on the internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555 Fax: (512) 463-5709
Prepared by: SOS-WEB TID: 10264

Dial: 7-1-1 for Relay Services Document: 730117950004