Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : LEGALZOON.COM INC.

Account Number : 120010000062 : (323)962-8600

Fax Number

: (323)962-3889

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

Email Address:

Foreign Limited Liability Company LOCI NETWORK SOLUTIONS LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| | Registration Section Division of Corporations | | | | | |
|-----------------------------|---|---------------------|--|--|--|--|
| elib ira | LOCI NETWORK SOLUTIONS LLC | | | | | |
| SUBJEC | Name of Limited Liability Company | | | | | |
| The encl Existence | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifice, and check are submitted to register the above referenced foreign limited liability company to transact business in | icate of Florida | | | | |
| Please re | eturn all correspondence concerning this matter to the following: | | | | | |
| | Cheyenne Moseley | | | | | |
| | Name of Person | | | | | |
| | Legalzoom.com, Inc. | | | | | |
| Firm/Company | | | | | | |
| 101 N Brand Blvd 11th Floor | | | | | | |
| | Address | | | | | |
| | Glendale, CA 91203 | | | | | |
| | City/State and Zip Code | | | | | |
| | malachi@locinetworks.com | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For furth | her information concerning this matter, please call: | | | | | |
| | Cheyenne Moseley 800 773-0888 ext9724 Name of Contact Person Area Code Daytime Telephone Number | | | | | |
| | Name of Contact Person Area Code Daytime Telephone Number | | | | | |
| | 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 | | | | | |
| Enclos | sed is a check for the following amount: \$\Begin{array} \text{S125.00 Filing Fee} & \Begin{array} \text{S130.00 Filing Fee} & \Begin{array} \text{S155.00 Filing Fee} & \Begin{array} \text{S160.00 Filing Fee} & \Certificate of Status & Certified Copy \text{of Status & Certified Copy} \text{ of Status & Certified Copy} of S | ite | | | | |

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

| IN COMPLIANCE WITH SECT | TION 6060902, FLORIDA STATUTES," ISINESS INTHE STATE OF FLORIDA: | TI JE FOLLOWING IS SU | IBMITTED TO RECISTER A | FOREIGN TIM | ПНЭ ШАВИЛҮ |
|---|--|---|--|------------------------------------|--------------------------------|
| , LOCI NETWORK SOI | LUTIONS LLC | | | | |
| (Name of Fore | ign Limited Liability Company: must | include "Limited Liubi | hty Company," "L.L.C.," or | 41.LC.") | |
| Liability Company," "L.L.C," | ternate name adopted for the purpose "or "ELC.") | of transacting business | in Fforida. The alternate nar | ne must include | "Limited |
| 2 CALIFORNIA (Jurisdiction under the law | of which foreign limited liability | 3. 41-2373044 | (FEI number, if applicable |) | |
| company is organized) | _ | | | | |
| 4 | (Date first transacted busines (See sections 605,0904 & 605.0 | s in Florida, if prior to i | egistration.) penalty liability) | | |
| 5. 1413 Clubman Drive | | | | _ | |
| Davenport, FL 33896 | | | | | |
| | (Sucet Address of P | rincipal Office) | | _ | |
| 6. 1413 Clubman Drive | | | | _ | |
| Davenport, Fl. 33896 | | | | :- | |
| | (Mailing A | | | - | 17 |
| 7. Name and street address | ss of Florida registered agent: (P.C | | ble) | : | AC. |
| Name: | United States Corporation Agen | nts, Inc. | | \$57 \$57 | ري ري |
| Office Address: | 13302 Winding Oak Court Suite | <u>. A</u> | | | رو دم محت و |
| | Tampa | | , Florida 33612 (Zip code) | = | है ा |
| | (City) | | (Zip code) | 02 | |
| designated in this applicate to complywith the provisi | egistered agent and to accept servation, I hereby accept the appoints fons of all statutes relative to the pay position as registered agent. | ment as registered ag proper and complete Chayenne Mosele benali of Unitod S | ent and agree to act in th | its capacity. "I s, and I am fo | i juriner agsee |
| | (Registe | ered agent's signature) | | | |
| | acity and address of the person(s) | | ty to manage (vare: | | |
| Malachi Middlehrook, M | ember - 1413 Clubman Drive, Da | avenport, FL 33896 | | | |
| | | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | e of existence, no more than 90 day of which it is organized. (If the coubmitted) | ys old, duly authentic entificate is in a foreig | ated by the official having m language, a translation | g custody of re | cords in the ite under oath |
| | Signature | of an authorized person | | | |
| This document is executed submitted in a document t | d in accordance with section 605.0 the Department of State constitu | 0203 (1) (b), Florida 9 tes a third degree felo | itatutes. I am aware that as my as provided for in s.81 | ny false inform 7.155, F.S. | ation |
| | Malachi Middlebrook | | | _ | |
| | Typed or p | rinted name of signee | | | |
| | | | | | |

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LOCI NETWORK SOLUTIONS LLC

FILE NUMBER:

201502910029

FORMATION DATE:

01/27/2015

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 August 3, 2017.

> ALEX PADILLA Secretary of State