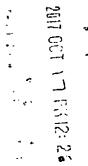
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OCT 19 2017 J. HARRIS

## COVER LETTER

**Registration Section** 

TO:

UBJECT: Crosslink Investments, LL	Name of	Limited Liability C	ompany		
he enclosed "Application by Foreign Limixistence, and check are submitted to regis	ited Liability Com ter the above refer	pany for Authorizat enced foreign limit	ion to Tra ed liability	nsact Business in Florida," Company to transact busine	Certificate ss in Flori
lease return all correspondence concernin	g this matter to the	following:			
David Wagner					
	N	lame of Person			
Crosslink Investme	ents, LLC.				
	F	irm/Company			
3109 Grand Ave #	449	_			
,		Address			
Miami, FL 33133					
	City/S	State and Zip Code			
david@crosslinkinvestr	nents.net				
E-mail	address: (to be use	ed for future annual	report not	ification)	
or further information concerning this ma	tter, please call:				
David Wagner		at ( 203_	, 527-5	5930	
Name of Contac	t Person	Area Code	Day	rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			Division Registrat Clifton B		
Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
	int: ).00 Filing Fee & cate of Status	S155.00 Filin	g Fee &	☐ \$160.00 Filing Fee, Cer 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:

Connecticut     (Jurisdiction under the law of company is organized)	or "LLC.")	i the purpose of transa	acting business in Florida. The alternate n	iame must incl	auc Emmeu
(Jurisdiction under the law of company is organized)		3. 4	7-5539710		
	f which foreign limited	Hiability	(FEI number, if applicab	ile)	
4	(Date first trans (See sections 605.	acted business in Flor 0904 & 605.0905, F.S	ida, if prior to registration.) It to determine penalty liability)		
3390 Mary Street, Suit	te 116				
<b>M</b> iami, FL 33133				****	~
	(Street	Address of Principal (	Office)	<del></del> 'i	
6. 3109 Grand Ave # 449					8
Miami, FL 33133					
		(Mailing Address)		— ,,	<u>ار</u> ا
7. Name and street address	of Florida registered	d agent: (P.O. Box	NOT acceptable)	•	12:
Name:	Registered Agents	Inc.	· · · · · · · · · · · · · · · · · · ·	-	7-7 \$0
Office Address:	3030 N. Rocky	Point Dr. STE	150A		
	Tampa		, Florida 33607		
Registered agent's accepta		(City)	(Zip code)		
lesignated in this applicati	on, I hereby accept ns of all statutes rela	the appointment as ative to the proper a	rocess for the above stated limited lid registered agent and agree to act in nd complete performance of my dut	this capacity	. I further ag
		(Registered agen	t's signature)		
		ne person(s) who has	/have authority to manage is/are:		
8. The name, title or capac	ity and address of th				

Typed or printed name of signee

David Wagner, Managing Member

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.

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof. DO HEREBY CERTIFY, that articles of organization for

#### CROSSLINK INVESTMENTS, LLC

a domestic limited liability company, were filed in this office on November 09, 2015.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: October 09, 2017

Business ID: 1190072 Express Certificate Number: 2017304940001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov