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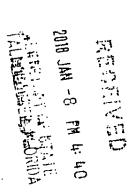
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Submited Entity Hume)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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LEGGETT

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 999211 8103498

AUTHORIZATION

COST LIMIT : \$ (130.00

ORDER DATE : January 8, 2018

ORDER TIME : 2:12 PM

ORDER NO. : 999211-005

CUSTOMER NO: 8103498

FOREIGN FILINGS

NAME: SILICON VALLEY DATA CAPITAL

MANAGEMENT SERVICES L.L.C.

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

	Registration Section Division of Corporatio	ns						
SUBJEC		Y DATA CAPITAL MANA	GEMENT L.L.C.					
,000.0	Name of Limited Liability Company							
					ansact Business in Florida." Certif y company to transact business in			
Please re	turn all correspondence	concerning this matter to the	following:					
	James L. McL	ean						
		N	ame of Person	·				
	SILICON VAI	SILICON VALLEY DATA CAPITAL MANAGEMENT L.L.C.						
	Firm/Company							
	607 Mountain	607 Mountain Home Road						
	Address							
	Woodside, CA	Woodside, CA 94062						
	City/State and Zip Code							
	SVDC@aduroae	dvisors.com						
		E-mail address: (to be used	d for future annual	report no	tification)			
or furth	er information concernia	ng this matter, please call:						
	Kristine Caramella Ad	510 at (542-47	31				
,	Name	of Contact Person	Area Code	Day	rtime Telephone Number			
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building centive Center Circle see, FL 32301			
	is a check for the follow ☐ \$125.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	te		

☐ \$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

'N 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:

	ATA CAPITAL MANAGEMENT S		<u></u>
_	Limited Liability Company; must include "Lii A CAPITAL MANAGEMENT SER	- , ,	.C.)
	ame adopted for the purpose of transacting business in		d Liability Company," "L.L.C," or "LLC,")
2 DELAWARE	, , , , , ,	3. 81-5302143	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	·	number, if applicable)
4. 07/15/2017			
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to de	or to registration.) termine penalty liability)	
5. 607 Mountain Home R	oad	6. 607 Mountain Home R	oad
(Street Address of P	rincipal Office)	(Mailing	g Address)
Woodside, CA 94062		Woodside, CA 94062	<u> </u>
			= 1
Name and <u>street addres</u>	s of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Corporation Service Company	·	
Office Address:	1201 Hays Street	-	2 · - 4
	Tallahassee	Florida 32301	39
	(City)		ip code)
and accept the obligations	ons of all statutes relative to the proset of my position as registered agent. Corporation Service Company (Registered agent) (Registered agent) (Riccity and address of the person(s) who	Emily Clafe	Emily Croft Asst. Vice President
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	James McLean 607 Mountain Home Roac Woodside, CA, 94062	Member 1	Curtis Feeny 607 Mountain Home Road Woodside, CA 94062
	·	_ 	
(Use attachments if necess	sary)		
	of existence, no more than 90 days of which it is organized. (If the certiful bimitted)		
	uted in accordance with section 605.0 the Department of State constitutes a **Tome		
	Sign	ature of an authorized person	

Typed or printed name of signee

James McLean



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

DELAWARE, DO HEREBY CERTIFY "SILICON VALLEY DATA CAPITAL MANAGEMENT

SERVICES, L.L.C." 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 EIGHTH DAY OF

JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILICON VALLEY

DATA CAPITAL MANAGEMENT SERVICES, L.L.C." WAS FORMED ON THE

TWENTIETH DAY OF SEPTEMBER, A.D. 2016.

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

AND THE PROPERTY OF THE PROPER

Authentication: 201933176

Date: 01-08-18