## M18000004796

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900313296019

US/17/18--U1UZ1--U1U \*\*7SU.UU

Y 17 ::: 2: 58

B FIGUEROA MAY 1 8 2018



## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

		, ,				
	PICK	CUP:	5/17 Glinda			
	CERTIFIED COPY				<del></del>	
xx	РНОТОСОРУ					<del>-</del>
	CUS					<del>-</del> -
хх	FILING	LLC				
	CYCLEBAR HOLDCO, I					
(	CORPORATE NAME AND DOCUM	HENT#)				
(	CORPORATE NAME AND DOCUM	1ENT #)	<u>-</u>		· · · · · · · · · · · · · · · · · · ·	
	CORPORATE NAME AND DOCUM	IENT #)				
_					_	
(	CORPORATE NAME AND DOCUM	IENT#)				
(	CORPORATE NAME AND DOCUM	IENT#)				
(	CORPORATE NAME AND DOCUM	IENT #)				
CIAL	INSTRUCTIONS:					
						_
				· · · · ·		

## 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 a same arma silable, enter alternate a	nume adopted for the purpose of transacting business in Florida.	The observate name must in their "I instead I in	Bin Coarrow "" 1 C " as 1110".	
o OHIO	unic subject to the propose of managering matters in Francia,		miy company, LLC, or ITC I	
	tuch foreign limited liability company is organized)	3(FEI number	er, if applicable)	
4				
4	(Date first transacted business in Flonda, if prior to regist (See sections 603 0904 & 605 0901, F.S. to deterrane pe	tration )		
c 17877 VON KARMA		6. 17877 VON KARMAN #1	00	
(Street Address of	Principal Office)	(Mailing Addre		2
IRVINE, CA 92614		IRVINE, CA 92614		PAN MAY
	<del></del>		<u> </u>	
			AS A	
7. Name and street addre	ss of Florida registered agent: (P.O. Box No.	OT acceptable)	SEC	
Name:	REGISTERED AGENT SOLUTIONS, IN	<u> </u>		AM II: 3
Office Address:	155 OFFICE PLAZA DR. SUITE A		L OF N	=
3 11,54 1 1,551,652.	TALLAHASSEE	32301	을	3
	(Cip.)	, Florida (Záp code	ا مثر	
Registered agent's accep	otance: egistered agent and to accept service of proc			
	s of my position as registered deent.			with
	Colour At	ADAM SALDANA, ASST.	SECRETARY	<i>•</i> ••••••
	(Regretered agent's signa	ture)	SECRETARY	wiin
8. The name, title or cap	(Regretered agent's signal acity and address of the person(s) who has/ha	ave authority to manage is/are:	<del></del>	wnn
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agent's signal acity and address of the person(s) who has/ha	ture)	SECRETARY  Name and Address:	<i>•••••</i>
8. The name, title or cap	(Regretered agent's signal acity and address of the person(s) who has/ha	ave authority to manage is/are:	<del></del>	
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agent's signal acity and address of the person(s) who has/hane and Address:  AUSTIN DANESHMAND	ave authority to manage is/are:	<del></del>	
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agent's signal acity and address of the person(s) who has/hane and Address:  AUSTIN DANESHMAND  17877 VON KARMAN #100	ave authority to manage is/are:	<del></del>	
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agent's signal acity and address of the person(s) who has/hane and Address:  AUSTIN DANESHMAND  17877 VON KARMAN #100	ave authority to manage is/are:	<del></del>	
8. The name, title or cap  Title or Capacity:  CONTROLLER	(Regretered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:	<del></del>	
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces	(Regretered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:	Name and Address:	
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces)  4. Attached is a certificate	(Regretered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:	Name and Address:	the
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces)  4. Attached is a certificate	(Registered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:	Name and Address:	the
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces)  Attached is a certificate jurisdiction under the law of the translator must be s	(Registered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:  y authenticated by the official hain a foreign language, a translati	Name and Address:  ving custody of records in on of the certificate under	the oath
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces)  Attached is a certificate jurisdiction under the law of the translator must be s)  10. This document is executed.	(Registered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:  y authenticated by the official hain a foreign language, a translation (b), Florida Statutes, I am aware	Name and Address:  ving custody of records in on of the certificate under	the oath
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces)  Attached is a certificate jurisdiction under the law of the translator must be s)  10. This document is executed.	(Regretered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:  y authenticated by the official hain a foreign language, a translation (b), Florida Statutes, I am aware	Name and Address:  ving custody of records in on of the certificate under	the oath
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law of the translator must be s  10. This document is executed.	(Regretered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:  y authenticated by the official hain a foreign language, a translation (b), Florida Statutes, I am aware	Name and Address:  ving custody of records in on of the certificate under	the oath
8. The name, title or cap  Title or Capacity:  CONTROLLER  (Use attachments if neces)  Attached is a certificate jurisdiction under the law of the translator must be s)  10. This document is executed.	(Regretered agent's signal acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	ave authority to manage is/are:  Title or Capacity:  y authenticated by the official havin a foreign language, a translation (b), Florida Statutes, I am aware degree felony as provided for in second	Name and Address:  ving custody of records in on of the certificate under	the oath

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CYCLEBAR HOLDCO, LLC" 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 SIXTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYCLEBAR HOLDCO, LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2017.

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



Authentication: 202709151

Date: 05-16-18