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COVER LETTER

то:	Registration Section Division of Corporation	as					
SUBJEC	CALI NETWORKS						
		Name of Limited Liability Company					
The enci	osed "Application by For e, and check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authorization enced foreign limited	n to Transact Business in Florida," Certificate of liability company to transact business in Florida			
Please re	eturn all correspondence o	concerning this matter to the	following:				
	DOMANIQUE	SINGLETARY					
		N	ame of Person				
	CALI NETWO	RK, LLC					
Firm/Company							
	2431 ALOMA AVE STE 144						
Address							
	WINTER PARK, FL 32792						
		City/S	tate and Zip Code				
	call.networkllc@	gmail.com					
		E-mail address: (to be use	d for future annual rep	port notification)			
For furth	ner information concernin	g this matter, please call:					
	Domanique Singletary		321 6 _ at ()	622-0847			
	. Name o	f Contact Person	Area Code	Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Di Re Cl 26	IREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301			
Enclosed	d is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsim \frac{1}{3} \frac{1}{3} \frac{0.00}{0.00} \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing F Certified Copy	Fee & ☐ \$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:

(Name of Foreign	Limited Liability Company, must include "Limite		
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flo	orids. The alternate name must include "Limited Lin	bility Company," "L.L.C," or "LLC.")
2. NEW MEXICO		3. 81-1426094	
(Jurisdiction under the law of w	isch foreign limited liability company is organized)	(FEI замля	er, if applicable)
4	(Date Set transacted business in Florida if area to	resistantion \	 _
	(Date first transacted business in Flanda, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	•	
5. 2431 Aloma Ave Ste	e 144 Principal Office)	6. 2431 Aloma Ave Ste 144 (Mailing Add	ross)
Winter Park, FL 327		Winter Park, FL 32792	<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	节二
Name:	InCorp Services, Inc.		P 13 PM # 17
Office Address:	17888 67th Court North		型 · 里口
	Loxahatchee	, Florida 33470	भूति म
	. (City)	, Piorida (Zip cod	。
designated in this applica to comply with the provis	registered agent and to accept service of a ution, I hereby accept the appointment a ions of all statutes relative to the proper is of my point on as registered agent.	s registered agent and agree to act	in this capacity. I further agre
Having been named as re designated in this applicate to comply with the provisionand accept the obligation 8. The name, title or caps	egistered agent and to accept service of stion, I hereby accept the appointment a sions of all statutes relative to the proper is of my position as registered agent. Refusered agent's acity and address of the person(s) who have	s registered agent and agree to act and complete performance of my Desiree Young on beha signature) as/have authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation	egistered agent and to accept service of stion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Refusered agent's acity and address of the person(s) who have and Address:	s registered agent and agree to act and complete performance of my Desiree Young on beha signature)	in this capacity. I further agre duties, and I am familiar with
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or caparate or Capacity: (Use attachments if necesses 9. Attached is a certificate jurisdiction under the law of the translator must be seen.) This document is executed the second or complete t	egistered agent and to accept service of stion, I hereby accept the appointment a ions of all statutes relative to the proper is of my pointan as registered agent. Refusered agent active and address of the person(s) who have and Address: See Attachment See Attachment estary) of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) cuted in accordance with section 605.020; of the Department of State constitutes a the	Desiree Young on behasignature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translate of (1) (b), Florida Statutes. I am awar	in this capacity. I further agreduties, and I am familiar with If of InCorp Services, Inc. Name and Address: aving custody of records in the ion of the certificate under oath re that any false information

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

CALI NETWORKS, LLC 4918711

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on June 3, 2014, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: July 31, 2018

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Joulouse Oliver
Secretary of State



PRESIDENT:

DOMANIQUE SINGLETARY

2431 ALOMA AVE, STE 144

WINTER PARK, FL 32792

VICE-PRESIDENT:

DOMANIQUE SINGLETARY

2431 ALOMA AVE, STE 144

WINTER PARK, FL 32792

SECRETARY:

DOMANIQUE SINGLETARY

2431 ALOMA AVE, STE 144

WINTER PARK, FL 32792

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