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K. SALY OCT 15 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 399853 4366334

AUTHORIZATION : CAPULOR COMPANY

COST LIMIT : \$ 125.00

ORDER DATE: September 21, 2018

ORDER TIME : 2:07 PM

ORDER NO. : 399853-225

CUSTOMER NO: 4366334

\_\_\_\_\_

## FOREIGN FILINGS

NAME: EXPEDITE LLC

EXPEDITE (DE) LLC

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Expedite LLC					
Expedite (DE) LLC	n Limited Liability Company; must include	"Limited Liability Comp	nany," "L L.C.," or "LLC.")		
	name adopted for the purpose of transacting busine	ss in Florida. The alternate r	name must include "Limited Lial	bility Company," "L.L.C," or "LLC.")	
2. Delaware		3 83-1	067503		
(Jurisdiction under the law of which foreign limited hability company is organized)			3. 83-1067503 (FEI number, if applicable)		
4. Upon Qualification					
	(Date first transacted business in Florida, if (See sections 605 0904 & 605,0905, F.S. to	prior to registration.) determine penalty frability)			
5. 600 Riverside Parkw		6. Samo	<u>:</u>		
(Street Address of Principal Office) Lithia Springs, GA 30122			(Mailing Addi	(Ess)	
- Januar Syrings, Gri				9 [	
7. Name and street addr	ess of Florida registered agent: (P.C	Box NOT accept	able)	-8 AH 11: 40	
	Corporation Service Compa	-	,	9:- 1	
Name:	1201 Hove Street		-		
Office Address:			_	,	
	Tallahassee		, Florida 32301		
Registered agent's acce	(City)		(Zip code	e)	
uccept the thingshim	By:  (Registered	Michele (	d. about	<u> </u>	
9 The game title or see		And the flower and the			
Title or Capacity:	pacity and address of the person(s) warms and Address:		ity to manage is/are: Capacity:	Name and Address:	
MANAGER	Paul Williams				
	9001 Spectrum Center I San Diego, CA 92123	Ilvd.			
(Use attachments if nece	ssary)				
	, ·		aread has shown CC at all how		
urisdiction under the law of the translator must be s	e of existence, no more than 90 days of which it is organized. (If the cert submitted)	ificate is in a foreig	nted by the official hav	on of the certificate under oath	
10. This document is exec	cuted in accordance with section 605	.0203 (1) (b). Florid	la Statutes. I am aware	that any false information	
submitted in a document t	o the Department of State constitutes	s,a third degree felo:	ny as provided for in s	.817.155, F.S.	
	Lal W	gnature of an authorized per-	um.		
	(भ)	property person	<del></del>		
	Paul Williams			<del></del>	
	T <sub>1</sub>	sped or printed name of sign	ce		



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

DELAWARE, DO HEREBY CERTIFY "EXPEDITE LLC" IS DULY FORMED UNDER THE

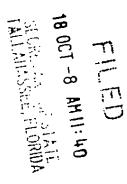
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPEDITE LLC"
WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2018.

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





6917132 8300

SR# 20186770177

Authentication: 203466459

Date: 09-21-18