Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BUSINESS FILINGS Account Number : 105256001620 : (608)827-5300 Phone : (608)827-5501 Fax Number **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Email Address:_ Foreign Limited Liability Company Disruptive Visions, LLC Certificate of Status Certified Copy Page Count 03 \$125.00 Estimated Charge

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Fax Audit # 148000358459 3

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 FORERSY. LIMITED LIABILITY COMPLINY TO TRAINSACT BUSINESS IN THE STATE OF PLORIDA Disruptive Visions, LLC (Name of Foreign Limited Labrity Company; must include "Limited Limitary Company," L.L.C., or "LLC." (If name may valiable, once alternate name adopted for the purpose of transacting business in Florids. The alternate name unust include "Limited Liability Company,""L.L.C," or "LLC.") 3. 81-3398120 (FEI number, if applicable) Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. Upon Qualification (Date his) transacted business in Florids. If prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 27271 Las Ramblas Suite 300, Mission Viejo, California 92691 (Street Address of Principal Office) 27271 Las Rambias Suite 300, Mission Viejo, California 92691 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Business Filings incorporated 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) Mark Williams, A.V.P., Business Filings Incorporated S. The name, title or capacity and address of the person(s) who has have authority to manage is me: Manager: Gary Arnett, 27271 Las Romblas, Suite 300, Mission Vicjo, California 92691 9 Attached is a certificate of existence, no more than 90 days old, duly nuthenticated by the official having custody of records in the invisite ion moder the law of which it is enganized. (If the octificate is in a foreign language, a translation of the certificate under confi jurisdiction under the law of which it is organized. (If the pertificate is in a foreign language, a translation of the certificate under of the translator must be submitted) Simunte of an amborized person

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155. F.S. D

Gary Amott, Manager

Delaware The First State

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

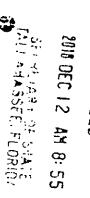
DELAWARE, DO HEREBY CERTIFY "DISRUPTIVE VISIONS, LLC" IS DULY

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 ELEVENTH DAY OF DECEMBER, A.D. 2018.

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



Authentication: 204069681

Date: 12-11-18

6107170 8300 SR# 20188077397

You may verify this certificate online at corp.delaware.gov/authver.shtml