

6/28/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
Y-COM Holdings, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Y-COM Holdings, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If no alternate name, or if alternate name adopted for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "LLC," or "LLP".)

2. Delaware 3. 83-1058501
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Have you transacted business in Florida, if so, to what for registration? See sections 605.09(2)(c), 605.09(2)(f), F.S. to determine penalty liability)

5. 3700 N Capital of Texas HWY Ste 520 6. 3700 N Capital of Texas HWY Ste 520
(Street Address of Principal Office) (Mailing Address)

Austin, TX 78746

Austin, TX 78746

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1290 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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 comply with 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.

By: C.T. Corporation System James M. Halpin - Assistant Secretary
(Signature of registered agent's representative)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☒ Manager Name: Antonio J. DiGesualdo

☐ Member Address: 3700 N Capital of Texas HWY

☐ Authorized Suite 520

Person Austin, TX 78746

☐ Other ☐ Other

Title or Capacity: Name and Address:

☒ Manager Name: Robert T. Russell

☐ Member Address: 3700 N Capital of Texas HWY

☐ Authorized Suite 520

Person Austin, TX 78746

☐ Other ☐ Other

☒ Manager Name: John S. Gault

☐ Member Address: 3700 N Capital of Texas HWY

☐ Authorized Suite 520

Person Austin, TX 78746

☐ Other ☐ Other

☒ Manager Name: Steve Young

☐ Member Address: 3700 N Capital of Texas HWY

☐ Authorized Suite 520

Person Austin, TX 78746

☐ Other ☐ Other

☒ Manager Name: Gary Young

☐ Member Address: 3700 N Capital of Texas HWY

☐ Authorized Suite 520

Person Austin, TX 78746

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

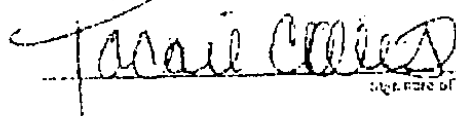
Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Taron Collins - Authorized Person

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "Y-COM HOLDINGS, 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-EIGHTH DAY OF JUNE, A.D. 2019.

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



6921275 8300

SR# 20195721091

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203123126

Date: 06-28-19