## MACCEBA

| (Re                                     | equestor's Name)      | <del></del> |  |  |  |
|---|-----------------------|-------------|--|--|--|
| (Ac                                     | ddress)               |             |  |  |  |
| (Ác                                     | idress)               |             |  |  |  |
|   | ty/State/Zip/Phone #  | <u></u>     |  |  |  |
| (C)                                     | ty/State/Zip/Pilone # | ")          |  |  |  |
| PICK-UP                                 | ☐ WAIT                | MAIL        |  |  |  |
| (Bu                                     | usiness Entity Name   | )           |  |  |  |
|   |                       |             |  |  |  |
| (Do                                     | ocument Number)       |             |  |  |  |
| Certified Copies                        | Certificates o        | f Status    |  |  |  |
| Special Instructions to Filing Officer: |                       |             |  |  |  |
|   |                       |             |  |  |  |
|   |                       |             |  |  |  |
|   |                       |             |  |  |  |
|   |                       | :           |  |  |  |
|   |                       |             |  |  |  |





600331264046

Bi to 11 - Plant - Clare . Co.



Y SCOTT



## COVER LETTER

e

Ì

| TO:     | Registration Section Division of Corporations   |                   |   |                  |  |
|---------|---|-------------------|---|------------------|--|
| SUBJE   | Ten4 Mobility, LLC  |                   |   |                  |  |
|         |   | nited Liability ( | Company   | _                |  |
|         | nclosed "Application by Foreign Limited Liability Compar<br>nce, and check are submitted to register the above reference                                      |                   |   |                  |  |
| Please  | return all correspondence concerning this matter to the fo  | llowing:          |   | , <b>**</b>      |  |
|         | Deanna Kelly  |                   |   | - <b>.</b>       |  |
|         | Nam   | e of Person       |   | 2019             |  |
|         | Ten4 Mobility, LLC  |                   | <del>-</del> ,-   | 7019 JUL -5      |  |
|         | Firm  |                   |   |                  |  |
|         | 1700 Union Avenue, Suite B  |                   |   |                  |  |
|         | Address   |                   |   | PM 4: 21         |  |
|         | Baltimore, MD 21211   |                   |   |                  |  |
|         | City/State  | e and Zip Code    |   | -                |  |
|         | dkelly@distcomp.com   |                   |   |                  |  |
|         | E-mail address: (to be used for   | or future annual  | report notification)  | _                |  |
| For fur | rther information concerning this matter, please call:  |                   |   |                  |  |
|         | Deanna Kelly  | 410<br>at (       | 464-8901  |                  |  |
|         | Name of Contact Person  | Area Code         | Daytime Telephone Number  | _                |  |
|         | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  |                   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                  |  |
|         | Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTM  \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00          | _   | Fee, Certificate |  |

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

IN COMPLIANCE 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:

| Ten4 Mobility, LLC                     |  |   |                              |                  |             |
|--|--|---|------------------------------|------------------|-------------|
| (Name of Foreign                       | Limited Liability Company; must include "Limi  | ted Liability Company,"                     | T.L.C.," or "LLC")           | _                |             |
| ll'name unavailable, enter alternate n | name adopted for the purpose of transacting business of F  | lorida. The alternate name me               | ist include "Limited Liabili | ty Company, "LLC | `," or "LLC |
| State of Delaware                      |  | 83-430949<br>3.                             |                              | 1119 J           |             |
| (Junsdiction under the law of w        | hich foreign limited liability company is organized)   |   | (FEI number,                 | if applicable i  |             |
| 05/01/2019                             |  |   |                              | 5 PA             | [           |
|  | (Date first transacted business in Florida, if prior t<br>(See sections 605 0904 & 605 0905, F.S. to deter | o registration.)<br>mine penalty liability) |                              |                  | 1           |
| 13 John Singer Sargen                  |  | 1700 Unio                                   | n Avenue, Suite B            | 4: 21            |             |
| (Street Address of Principal Office)   |  |   | (Mailing Address             | s) <del></del>   |             |
| Marlton, NJ 08053                      |  | Baltimore.                                  | MD 21211                     |                  |             |
|  |  |   |                              |                  |             |
|  |  | <del></del> .                               |                              |                  |             |
| Name and street addres                 | ss of Florida registered agent: (P.O. Bo   | x <u>NOT</u> acceptable)                    |                              |                  |             |
| Name:                                  | Corporation Service Company  |   |                              |                  |             |
| Office Address:                        | 1201 Hays Street   |   |                              |                  |             |
|  | Tallahassee  | . Fle                                       | 32301<br>orida               |                  |             |
|  | (Cuy)  |   | (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.

Sarah Thomas, Assistant Secretary
(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: Galen Baggs Name: \_Brooke Frank Manager ■ Manager Address: 115 Bellemore Road **■**Member Member Baltimore, MD 21210 San Diego, CA 92102 Authorized Authorized Person Person Other Other\_\_\_\_ Other Other Name: Andrew Polin Manager Manager Address: \_\_\_\_ 13 John Singer Sargent Way Member Member Marlton, NJ 08053 Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other\_ Name: Brad Muser Name: Deanna Kelly Manager Manager Address: \_\_\_\_ Address: 741 Leister Drive ☐ Member Member [ Baltimore, MD 21212 Timonium, MD 21093 Authorized Authorized Person Person Other Other\_\_\_\_\_ Other\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S. Signature of an authorized person

Brooke L. Frank



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

DELAWARE, DO HEREBY CERTIFY "TEN4 MOBILITY, 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-FIFTH DAY OF APRIL, A.D. 2019.

2019 JUL -5 PM 4: 22

7342918 8300

Date: 04-25-19

Authentication: 202713762