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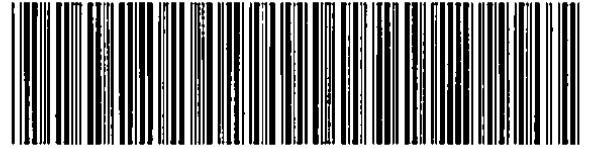
(Business Entity Name)

(Document Number)

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2019 AUG 21 PM 4:16

AUG 23 2019

M. SOLOMON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SixFifty Technologies, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

K. Marie Kulbeth

Name of Person

SixFifty Technologies, LLC

Firm/Company

2901 W Bluegrass Blvd. Ste. 200

Address

Lehi, Utah 84043

City/State and Zip Code

marie@sixfifty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Kulbeth

833

749-3438 ext 702

Name of Contact Person

at (_____) _____

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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:

1. SixFifty Technologies, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SixFifty, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3806853

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2901 W. Bluegrass Blvd. Ste. 200

(Street Address of Principal Office)

6. 2901 W. Bluegrass Blvd. Ste. 200

(Mailing Address)

Lehi, Utah 84043

Lehi, Utah 84043

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

Name: Glenn McIntosh

Office Address: 3205 Trafalgar Court

Saint Augustine

(City)

32092

, Florida

(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.

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kimball D. Parker</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Lincoln P. Porter</u>
<input type="checkbox"/> Member	Address: <u>2901 W. Bluegrass Blvd.</u>	<input type="checkbox"/> Member	Address: <u>2901 W. Bluegrass Blvd.</u>
<input type="checkbox"/> Authorized	Suite <u>200</u>	<input type="checkbox"/> Authorized	Suite <u>200</u>
Person	<u>Lehi, Utah 84043</u>	Person	<u>Lehi, Utah 84043</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>K. Marie Kulbeth</u>	 <input type="checkbox"/> Manager	Name: <u>Donald Bradley</u>
<input type="checkbox"/> Member	Address: <u>2901 W. Bluegrass Blvd.</u>	<input type="checkbox"/> Member	Address: <u>650 Page Mill Road</u>
<input type="checkbox"/> Authorized	Suite <u>200</u>	<input checked="" type="checkbox"/> Authorized	<u>Palo Alto, CA 94304</u>
Person	<u>Lehi, Utah</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

K. Marie Kulbeth

Typed or printed name of signer

Delaware

Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIXFIFTY TECHNOLOGIES, 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 NINETEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIXFIFTY TECHNOLOGIES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

7147857 8300

SR# 20196579995

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

Authentication: 203430204

Date: 08-19-19