

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 260-3338  
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  
PrintGlobe, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

2019 OCT -3 AM 10:36

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OCT 01 2019

# 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. PrintGlobe, LLC

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

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

3. 83-2918087

(FEI number, if applicable)

4. 5/1/2019

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

5. 3500 Comsouth Dr Ste 100 Austin TX 78744

(Street Address of Principal Office)

6. 3500 Comsouth Dr Ste 100 Austin TX 78744

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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

(Registered agent's signature)

April Wittenburg  
Assistant Secretary

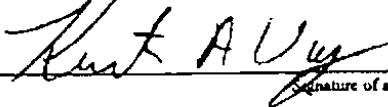
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager               | Name: Kristin Ungar                  | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: 3500 Comsouth Dr Ste 100    | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | Austin, TX 78744                     | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | <br>Name: _____                      | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input checked="" 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 _____ |
| <br><input type="checkbox"/> Manager           | <br>Name: _____                      | <br><input type="checkbox"/> Manager | <br>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. Not 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

Kristin Ungar - Authorized Person

\_\_\_\_\_  
Typed or printed name of signer

**CONSENT TO USE OF NAME**

PRINTGLOBE, INC., a non-Florida corporation  
organized under the laws of the State of DELAWARE, having an  
effective registered name, hereby consents to the organization-qualification of  
PRINTGLOBE, LLC in the State of TEXAS.

IN WITNESS WHEREOF, the said PRINTGLOBE, INC.  
\_\_\_\_\_ has caused this consent to be executed by its PRESIDENT \*(chairman,  
vice chairman, president or other officer) and attested under its corporate seal by its \_\_\_\_\_  
secretary, this 19 day of AUGUST, 2019

DANIEL STEINBORN

By

\*(Chairman, Vice Chairman, President or other Officer)

PRESIDENT

Attest:

Kristin A. Ungar  
KRISTIN UNGAR

Secretary

2019 OCT -3 PM 8:26  
CT

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Ruth R. Hu  
Secretary of

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Formation for Printglobe, L.L.C. (file number 803193956), a Domestic Limited Liability Company (LLC), was filed in this office on December 21, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of the State at my office in Austin, Texas on September 24, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes  
Secretary of State