

N19000010667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

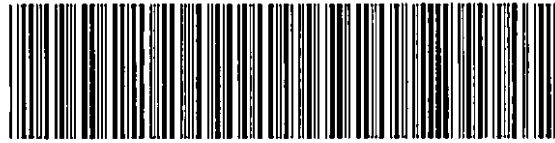
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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WALK IN

PICK UP: 11/04/2019

- CERTIFIED COPY** _____
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CISSDM CONNECT LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**SPECIAL
INSTRUCTIONS:**

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. CISSDM Connect 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. CA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 84-2432547 (FEI 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. 1311 Calle Batido, Suite 150 (Street Address of Principal Office) San Clemente, CA 92673
6. 1311 Calle Batido, Suite 150 (Mailing Address) San Clemente, CA 92673

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TALLAHASSEE, FLORIDA

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Sarah Thomas (Registered agent's signature)
Sarah Thomas, 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]:

Title or Capacity: **Name and Address:**

Manager Name: Steve Womer

Member Address: 1311 Calle Batido, Suite 150

Authorized San Clemente, CA 92673

Person _____

Other _____ Other _____

Manager Name: Nathan McNair

Member Address: 1311 Calle Batido, Suite 150

Authorized San Clemente, CA 92673

Person _____

Other _____ Other _____

Manager Name: David Lin

Member Address: 1311 Calle Batido, Suite 150

Authorized San Clemente, CA 92673

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Matthew Miller

Member Address: 1311 Calle Batido, Suite 150

Authorized San Clemente, CA 92673

Person _____

Other _____ Other _____

Manager Name: Robert Bloodom

Member Address: 1311 Calle Batido, Suite 150

Authorized San Clemente, CA 92673

Person _____

Other _____ Other _____

Manager Name: Brian Parvin

Member Address: 1311 Calle Batido, Suite 150

Authorized San Clemente, CA 92673

Person _____

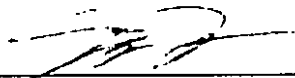
Other _____ Other _____

TALLAHASSEE COUNTY
 SECRETARY
 NOV 10 11 11 AM '09
 FILE

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

Steve Womer

 Typed or printed name of signee

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CISSDM CONNECT LLC

FILE NUMBER: 201919310332
FORMATION DATE: 07/10/2019
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 14, 2019.

A handwritten signature in black ink, appearing to read 'Alex Padilla', written in a cursive style.

ALEX PADILLA
Secretary of State

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