

11/21/2019

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Division of Corporations
Iowa Department of State
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Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)200-3338
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
FN AMERICA, LLC

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

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DATE OF 11/21/2019

NOV 26 2019

M. SOLOMON

90:01:00 2/11/2019

2019 NOV 21 PM 12:00

FILED

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

(If name unavailable, or other 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. 20-2006285 (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration. See section 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7950 Jones Branch Drive, Ste 602N (Street Address of Principal Office)
6. 7950 Jones Branch Drive, Ste 602N (Mailing Address)
McLean, VA 22102 McLean, VA 22102

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, 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.

[Signature] Bree Zahner, Assistant Secretary
(Registered agent's signature)

2018 NOV 21 PM 12:01
L-1-1-1

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: FN America, Inc.	<input checked="" type="checkbox"/> Manager	Name: Patrick Vogne
<input checked="" type="checkbox"/> Member	Address: 7950 Jones Branch Drive	<input type="checkbox"/> Member	Address: 7950 Jones Branch Drive
<input type="checkbox"/> Authorized	Ste 602N	<input type="checkbox"/> Authorized	Ste 602N
Person:	McLean, VA 22102	Person	McLean, VA 22102
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: Philippe Claessens	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7950 Jones Branch Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ste 602N	<input type="checkbox"/> Authorized	_____
Person	McLean, VA 22102	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

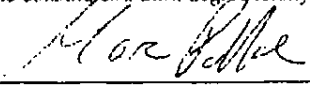
<input checked="" type="checkbox"/> Manager	Name: Louis Dillais	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7950 Jones Branch Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ste 602N	<input type="checkbox"/> Authorized	_____
Person	McLean, VA 22102	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

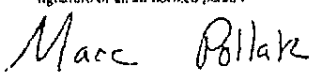
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STATE DEPARTMENT OF REVENUE

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


 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FN AMERICA, 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-FIRST DAY OF NOVEMBER, A. D. 2019.

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



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

3893499 8300

SR# 20198225293

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

Authentication: 204059092

Date: 11-21-19