3/30/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 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 UBIQUITI LABS, LLC

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\$125.00

Electronic Filing Menu Corporate Filing Menu

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APR 0 1 2020

Page 3 of 4 • • •	2020-03-30 18:08:01 CST 1	2122023573 From: Kimberly
	5E4F-4CED-9D3A-B80908F2ECE2	•
	OREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION IN FLORIDA	TO TRANSACT BUSINES
Ig AN CYYUPHANCERETIYS	- - GTION #05,0902, FLORIDASTATUTES, THE FOLLOWINGIS SUBMITTED TO REGIST	 TERA FOREIGNLIMITEDI JABII
	BUSINESSINTHE STATEOFFLORIDA:	
1. UBIQUITI LABS, L1	CarlLimited Liability Company; must include "Limited Liability Company," "L L.C." or "LLC.")	
(If name unavailable, enter alternat	mane adopted for the purpose of transacting business in Floridi. The alternate minic aimst include "Lomited Lo	shday Company, "1,1,C," oc 11 C →
2. Delaware	3 82-3157233 which foreign limited liability company is organized) (Fell number	r, if applicable)
	The process makes money (supply) (supply)	
4. Upon Qualification	(Date first transacted business in Florida, d prior to registration.) //See sections 605,0804 & 605 (2005, 1.8) to determine penulty liability.	
5 685 Third Avenue, 2		
(Street Address	(Mailing Addre	
New York, NY 1001	7	
	<u> </u>	·
7 None and tenurally	ess of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
7. Name and street add		
Name:	C T Corporation System	
Office Address	1200 South Pine Island Road	
	Plantation , Florida 33324	
	(City) (Zip code	:)
designated in this appli- to comply with the prov	registered agent and to accept service of process for the above stated limited cation, I hereby accept the appointment as registered agent and agree to act is ions of all statutes relative to the proper and complete performance of my ons of my position as registered agent. By: C T Corporation Sylven Cristia Myers, to the complete performance of my of the complete performance of my one of my position as registered agent. (Resystered agent's wanting)	и иня сарасну, г јасте аз
		.>
8. The name, title or e. Title or Capacity	pacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity:	Name and Address:
	Kevin Radigan	
PRESIDENT	685 Third Avenue, 27th Floor	
	New York, NY 10017	
SECRETARY	Julia Pilliod	
	685 Third Avenue, 27th Floor	
	New York, NY 10017	_
(Use attachments ifnee		
9. Attached is a certific jurisdiction under the le of the translator must b	ate of existence, no more than 90 days old, duly authenticated by the official has of which it is organized. (If the certificate is in a foreign language, a translate submitted)	aving custody of records in ion of the certificate under o
10. This document is ex- submitted in a documen	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes 1 nm awars to the Department of State constitutes a third degree felony as provided for in	e that any false information s.817.155, F.S
	bevan Kadigan	
	Signalure of the authorized person	

Kevin Radigan

Typed or printed name ofsignee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "UBIQUITI LABS, 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 THIRTIETH DAY OF MARCH, A.D. 2020.

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

2023年 31 年 2:46

6470455 8300

SR# 20202465699

Authentication: 202681417

Date: 03-30-20

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