Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000143633 3)))



H200001436333ABCW

Note: DO	Doing so will generate another cover sheet.	Thomas page.	
То:	Division of Corporations Fax Number : (850)617-6383	MAY 14 PI	
From:	Account Name : CORPORATION SERVICE COMPANY Account Number : 12000000195 Phone : (850)521-0821	H 4: 49 FLORID	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (850)558-1515

Fax Number

Email Address:_

<u>:</u> ;	•
<u>a</u>	
HAY 14	:1- :1-

Foreign Limited Liability Company **Broadsoft Adaption LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu Corporate Filing Menu

Help



☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee &

Certificate of Status

Certified Copy

☐ \$125.00 Filing Fee

S160.00 Filing Fee, Certificate

of Status & Certified Copy

H20000143533 3

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign L	imited Liability Company, must include "Limite	d Liability Company," "L	.E.C.," or "LLC.")		
				2021 TAT	
ame unavailable, enter alternate no	ame adopted for the purpose of transacting business in F	lorida. The alternate name mi	ist include "Limited L	utolisty Company	LEST
Delaware				五二	مدست به شو مدست سدو
: -	sich foreign limited liability company is organized)	3	(Firi num	ber Ouppiteable	
(Jurisdiction under the law of wh	net to reign timited itability company is organizately		Ų. <u>—</u>	mer m	LLI
				77 7	(
				Si F	-
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) are penalty liability)		STATE STATE LORID	•
170 W. Tasman Drive	<u> </u>	170 W. Ta	sman Drive	7	
	<u> </u>	6. Mailing	Address		
et Address of Principal Office)		(terminal)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
San Jose, CA 95134		San Jose,	CA 95134		
· <u>-</u>	_ 				
		•			
					
Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)			
<u></u>	-				
	Companies Company				
Name.	Corporation Service Company				
rvanie.		·			
	1201 Hays Street				
0.00					
Office Address.					
Office Address.	Tallahassee	. Flo	32301		

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.

Rusinda C. Alleman	Amanda Robinson, Asst. Vice President		
(Registered agent's signature)			

H20000143633 3

8	For initial indexing purposes, list names, title or capacity and addresses of the primary members/mar	nagers or persons authorized to
m	nanage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name. Mark Gorman	□Manager ?	Prat Bhatt
□ Member	Address. 170 W. Tasman Drive	□Member A	Address:
□Authorized	San Jose. CA 95134		San Jose CA 9534
Person		Person _	LAFE TI
President,	CEO Other	Other VP, CFO, Tre	easurer SS DOMECT
□Manager	Name Evan Sloves	□ Manager N	Name DE 59
□Member	Address: 170 W. Tasman Drive	□Member /	Address:
□Authorized	San Jose, CA 95134	□ Authorized	
Person		Person _	
Other	etary Other	□Other	Other
□Manager	Name	□ Manager :	Name
□Member			Address.
□Authorized			
Person		Person	
□Other	Other	⊡Other	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.

Marth		
	Signature of an authorized person	
Mark Gorman		
	Typed or printed name of signee	H20000143633

H20000143633 3

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BROADSOFT ADAPTION 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 FOURTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADSOFT TO THE ADAPTION LIC" WAS FORMED ON THE NINETEENTH DAY OF JULY, TAD. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

PAID TO DATE.

at corp delaware gov/auti

Authentication: 202932056

Date: 05-14-20

5186116 8300 SR# 20203908291

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