

M20000010638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

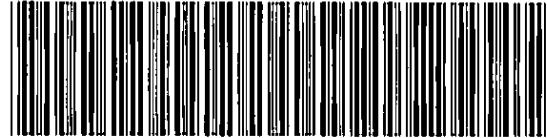
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV 19 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 19 2021

NOV 20 2020
K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 519570 8142193
AUTHORIZATION : 
COST LIMIT : \$ 160.00

ORDER DATE : November 17, 2020
ORDER TIME : 10:08 AM
ORDER NO. : 519570-030
CUSTOMER NO: 8142193

FOREIGN FILINGS

NAME: ENDGAME SYSTEMS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Endgame Systems, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marielle Reints

Name of Person

c/o Elasticsearch, Inc.

Firm/Company

800 W El Camino Real, Suite 350

Address

Mountain View, CA 94040

City/State and Zip Code

corporatelegal@elastic.co

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ji Shin

571

213-1004

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Endgame Systems, 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. Delaware 3. 26-2832568
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 16, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3100 Clarendon Blvd., Suite 200 6. c/o Elasticsearch, Inc.
(Street Address of Principal Office) (Mailing Address)
Arlington, VA 22201 800 W El Camino Real, Suite 350
Mountain View, CA 94040

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: [Signature]
(Registered agent's signature)

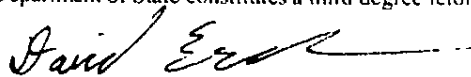
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Dave Erickson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Joanne Isham</u>
<input type="checkbox"/> Member	Address: <u>3100 Clarendon Blvd., Suite</u>	<input type="checkbox"/> Member	Address: <u>3100 Clarendon Blvd., Suite</u>
<input checked="" type="checkbox"/> Authorized	<u>Arlington, VA 22201</u>	<input type="checkbox"/> Authorized	<u>Arlington, VA 22201</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Joel Brenner</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jane Bone</u>
<input type="checkbox"/> Member	Address: <u>3100 Clarendon Blvd., Suite</u>	<input type="checkbox"/> Member	Address: <u>3100 Clarendon Blvd., Suite</u>
<input type="checkbox"/> Authorized	<u>Arlington, VA 22201</u>	<input type="checkbox"/> Authorized	<u>Arlington, VA 22201</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Dell Dailey</u>	<input checked="" type="checkbox"/> Manager	Name: <u>W.H. Baird Garrett</u>
<input type="checkbox"/> Member	Address: <u>3100 Clarendon Blvd., Suite</u>	<input type="checkbox"/> Member	Address: <u>3100 Clarendon Blvd., Suite</u>
<input type="checkbox"/> Authorized	<u>Arlington, VA 22201</u>	<input type="checkbox"/> Authorized	<u>Arlington, VA 22201</u>
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. 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

Dave Erickson, President

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENDGAME SYSTEMS, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENDGAME SYSTEMS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2008.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

4563068 8300

SR# 20208426220

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

Authentication: 204101129

Date: 11-17-20