## Nalogoossy

(Requestor's f	Name)			
(Address)				
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(City/State/Zip	/Phone #)			
PICK-UP W	AIT MAIL			
(Business Ent	ity Name)			
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Office	er:			





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ALLANASSLE FLEND - 2 PH 3:

45/21

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

ACCOUNT NO. : I2000000195

REFERENCE: 890760 5054770

AUTHORIZATION

COST LIMIT

ORDER DATE : July 2, 2021

.

ORDER TIME : 10:04 AM

ORDER NO. : 890760-010

CUSTOMER NO:

5054770

FOREIGN FILINGS

NAME: 3CINTERACTIVE LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

		COVER LETTER			
	istration Section ision of Corporations				
SUBJECT.	3CInteractive LLC				
SUBJECT:	Nam	e of Limited Liability Co	mpany	<del></del>	
	l "Application by Foreign Limited Liability and check are submitted to register the above				
Please return	all correspondence concerning this matter t	o the following:			
	JoAnn Buck				
		Name of Person	<del> </del>		
	Cisco Systems, Inc.				
		Firm/Company		2021  -	
	5030 Sugarloaf Parkway			. =	Ti.
		Address	: .	-2	i
	Lawrenceville, GA 30044		ري د.د س	PH 3: 0	
	C	ity/State and Zip Code	<u></u>	<u>ာ</u> ယ	
	joabuck@cisco.com		<b>1</b>	Fi 30	
	E-mail address: (to be	e used for future annual re	eport notification)	<del></del>	
For further in	formation concerning this matter, please ca	II:			
JoA	Ann Buck	770 at ( )	236-4697		
	Name of Contact Person	Area Code	Daytime Telephone Number	er	
<u>Mai</u>	iling Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Cor			
P.O. Box 6327		The Centre of Tallahassee			
Tal	Tallahassee, FL 32314 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

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED IZABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 3CInteractive LLC (Name of Foreign	n Limited Liability Company; must include "Limite	d Liability	y Company," "L.L.C.," or "LLC.")	<u> </u>		<del></del> -
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liab	ility Company.	" "L.L.C.	" or "LLC.
Delaware 2.		3.				
(Jurisdiction under the law of	which foreign limited liability company is organized)		(FEI number,	, 11 applicable)	202	
4.				-, 11		والم
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty	n.) liability)	, - <del>-</del>	2	S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-market S-m
750 Park of Commo		6.	750 Park of Commerce Blv (Mailing Address)	<b>/d</b> . المراجعة	<del>P</del>	
5(Street Address of Principal Office)			-	77.77	ယ္	الريب
Suite 400	<del></del>		Suite 400	<u>-' '</u>	09	
Boca Raton, FL 33	487		Boca Raton, FL 33487			
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT:	acceptable)			
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					
	Tallahassee		32301 , Florida			
	(City)		(Zip code)	<del></del>		

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 Fulling Bahro

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: Title or Capacity: Name and Address: Name: Evan Sloves Name: \_\_ ■Manager □ Manager Address: \_\_\_\_ 300 East Tasman Drive □Member □Member San Jose, CA 95134 San Jose, CA 95134 ☐ Authorized □ Authorized Person Person Vice President

■Other\_ Other\_\_\_\_ □Other\_\_ □Other □Manager Name: \_\_\_\_\_ □Manager □Member Address: \_\_\_\_\_ □Member Address: ☐ Authorized ☐ Authorized Person Person ☐Other\_ □Other\_\_\_\_ □Other □Other □Manager □Manager Name: \_\_\_\_\_ ☐Member Address: \_\_\_\_ Address: \_\_\_\_\_ □Member ☐ Authorized ☐ 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. Nonindexed 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.

Typed or printed name of signee

Evan Sloves

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "3CINTERACTIVE 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 SECOND DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3CINTERACTIVE"
LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2013.

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



Authentication: 203590202

Date: 07-02-21