

M21000009779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

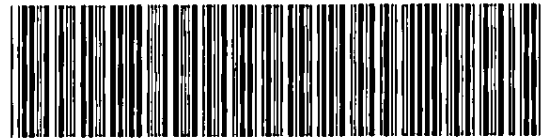
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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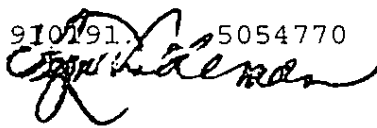
30 252

FILE 2ND

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

ACCOUNT NO. : I20000000195

REFERENCE : 910191-5054770

AUTHORIZATION : 

COST LIMIT : \$ 125.00

-----  
ORDER DATE : July 16, 2021

ORDER TIME : 8:27 AM

ORDER NO. : 910191-040

CUSTOMER NO: 5054770  
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FOREIGN FILINGS

NAME: THOUSANDEYES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THOUSANDEYES 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:

JoAnn Buck

Name of Person

Cisco Systems, Inc.

Firm/Company

5030 Sugarloaf Parkway

Address

Lawrenceville, GA 30044

City/State and Zip Code

trmok@cisco.com

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

For further information concerning this matter, please call:

JoAnn Buck

770

236-4697

at ( )

Name of Contact Person

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. THOUSANDEYES 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

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

5. 170 WEST TASMAN DRIVE

(Street Address of Principal Office)

SAN JOSE, CA 95134

6. 170 WEST TASMAN DRIVE

(Mailing Address)

SAN JOSE, CA 95134

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.

Corporation Service Company

By:

Alexis Weitend, assistant vice president

(Registered agent's signature)

2021 JUL 29 AM 11:17

RECEIVED  
JUL 29 2021

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:

☒ Manager              Name: Graham Allan

☐ Member              Address: 300 East Tasman Drive

☒ Authorized              San Jose, CA 95134

Person \_\_\_\_\_

☒ Other Vice President              ☒ Other Asst. Secretary

Title or Capacity:                      Name and Address:

☒ Manager              Name: Evan Sloves

☐ Member              Address: 300 East Tasman Drive

☒ Authorized              San Jose, CA 95134

Person \_\_\_\_\_

☒ Other President/CEO              ☒ Other Secretary

☐ Manager              Name: Prat Bhatt

☐ Member              Address: 170 W. Tasman Drive

☒ Authorized              San Jose, CA 95134

Person \_\_\_\_\_

☒ Other CFO/Treasurer              ☒ Other Vice President

☐ Manager              Name: Roger Biscay

☐ Member              Address: 170 W. Tasman Drive

☒ Authorized              San Jose, CA 95134

Person \_\_\_\_\_

☒ Other Vice President              ☐ Other \_\_\_\_\_

☐ Manager              Name: Robert Johnson

☐ Member              Address: 170 W. Tasman Drive

☒ Authorized              San Jose, CA 95134

Person \_\_\_\_\_

☒ Other Vice President              ☒ Other Asst. Secretary

☐ Manager              Name: Dan Lang

☐ Member              Address: 170 W. Tasman Drive

☒ Authorized              San Jose, CA 95134

Person \_\_\_\_\_

☒ Other Vice President              ☐ 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

EVAN SLOVES

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THOUSANDEYES 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 NINETEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THOUSANDEYES LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2009.

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



4716915 8300

SR# 20212734663

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203701679

Date: 07-19-21