

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

ACCOUNT NO. : I20000000195

REFERENCE : 987970 5054770

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : September 3, 2021

ORDER TIME : 10:54 AM

ORDER NO. : 987970-010

CUSTOMER NO: 5054770

FOREIGN FILINGS

NAME: DUO SECURITY LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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. DUO SECURITY 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 W. Tasman Dr.
(Street Address of Principal Office)
San Jose, CA 95134

6. 170 W. Tasman Dr.
(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, Florida 32301
(City) (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.

By: Eyleima Baher
Assistant Vice President
(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]:

Title or Capacity: Name and Address:
 Manager Name: Evan Sloves
 Member Address: 170 West Tasman Drive
 Authorized San Jose, CA 95134
Person _____
 Other _____ Other _____

Manager Name: Prat Bhatt
 Member Address: 170 West Tasman Drive
 Authorized San Jose, CA 95134
Person _____
 Other Treasurer Other _____

Manager Name: Roger Biscay
 Member Address: 170 West Tasman Drive
 Authorized San Jose, CA 95134
Person _____
 Other Vice President Other _____

Title or Capacity: Name and Address:
 Manager Name: Graham Allan
 Member Address: 170 West Tasman Drive
 Authorized San Jose, CA 95134
Person _____
 Other _____ Other _____


Manager Name: Evan Shahin
 Member Address: 170 West Tasman Drive
 Authorized San Jose, CA 95134
Person _____
 Other Vice President Other _____

Manager Name: Robert Johnson
 Member Address: 170 West 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 signee

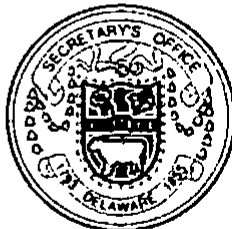
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DUO SECURITY 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 THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUO SECURITY LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2009.

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



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

4769303 8300

SR# 20213161827

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

Authentication: 204080960

Date: 09-03-21