(Ke	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(D.)	ninona Entitu Non	
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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Office Use Only



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2022 JAN -4 AM 9: 39

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JAN 0 4 2022 K. Brumbley



January 03 2022

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	
Name: David Shulman	
Reference #:1565915	
Entity Name:	GLU MOBILE LLC
Articles of Incorporation/Authoriz	ation to Transact Business
Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	David:
Conversion	850-270-0082
☐ Merger	
☐ Dissolution/Withdrawal	(File)
☐ Fictitious Name	Second
Other	
Authorized Amount: \$125.0	0
David Shalman Signature:	

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:

	Limited Liability Company; must include "Limited	chability Company, this control of the section			
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Liabil	ity Company," "L.L.C," or "L.L.C		
Delaware					
(Jurisdiction under the law of which foreign limited liability company is organized)		5(FEI number, i	3. (Fill number, if applicable)		
12/31/2021					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)			
875 Howard St., Sui	te 100	875 Howard St., Suite 100			
reet Address of Principal Office)		6. (Mailing Address)			
San Francisco, CA 9		San Francisco, CA 94103			
			2		
			2022		
Name and street address	ss of Florida registered agent; (P.O. Box	NOT acceptable)	2022 JAN		
Name and street addres		NOT acceptable)	2022 JAN -4 BLONE (1973) MILONE (1973)		
Name and street addres	ss of Florida registered agent: (P.O. Box Cogency Global Inc.	NOT acceptable)	 		
	Cogency Global Inc.	NOT acceptable)	-4 AM		
		NOT acceptable)	 		
Name:	Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee	NOT acceptable) 32301	-4 AM 9: 3		

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.

Cogen (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:	Title or Capacity:	Name and Address:
■Manager	Name: Carlos Calonge	⊟ Manager	Name:
□Member	Address: 875 Howard St., Suite 100	□Member	Address: 875 Howard St., Suite 100
□Authorized	San Francisco, CA 94103	□Authorized	San Francisco, CA 94103
Person		Person	
■Other President		■Other	dent Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other

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.

DocuSigned by:		
0B2230902F52402	Signature of an unthorized person	
Carlos Calonge		
	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 "GLU MOBILE 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 JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLU MOBILE LLC"

WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2006.

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

Authentication: 202303258

Jeffrey W. Bullock, Secretary of State

Date: 01-03-22