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(Requestor's Name)

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(City/State/Zip/Phone #)

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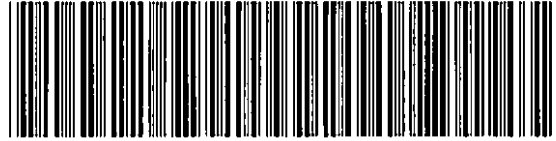
(Business Entity Name)

(Document Number)

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RECEIVED
2022 JAN 18 PM 3:52
TALLAHASSEE, FL 32301

JAN 18 2022
K. Brumbley

APPROVED
AND
FILED
2022 JAN 18 PM 12:28
TALLAHASSEE, FL 32301

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 372253 7130401

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$ 125.00

ORDER DATE : January 11, 2022

ORDER TIME : 1:43 PM

ORDER NO. : 372253-075

CUSTOMER NO: 7130401

FOREIGN FILINGS

NAME: DELL PRODUCTS GP L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dell Products GP L.L.C.

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:

Amy Stringfellow

Name of Person

Dell Products GP L.L.C.

Firm/Company

One Dell Way, RR 1 MS 33

Address

Round Rock, TX 78682

City/State and Zip Code

Dell_Corporate_Legal_Notices@dell.com

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

For further information concerning this matter, please call:

Amy Stringfellow

Name of Contact Person

512

at ()

Area Code

724-0550

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. Dell Products GP L.L.C.
(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. 20-0218732
(Jurisdiction under the law of which foreign limited liability company is organized) (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. One Dell Way, Round Rock, TX 78682 6. One Dell Way, Round Rock, TX 78682
(Street Address of Principal Office) (Mailing Address)

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)

APPROVED
AND
FILED
2022 JAN 18 PM 12:28
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
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: Eylana Oliver
(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 type="checkbox"/> Manager	Name: Robert L. Potts	<input type="checkbox"/> Manager	Name: Tyler W. Johnson
<input type="checkbox"/> Member	Address: One Dell Way	<input type="checkbox"/> Member	Address: One Dell Way
<input checked="" type="checkbox"/> Authorized	Round Rock, TX 78682	<input checked="" type="checkbox"/> Authorized	Round Rock, TX 78682
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Brunilda Rios	<input type="checkbox"/> Manager	Name: Thomas Vallone
<input type="checkbox"/> Member	Address: One Dell Way	<input type="checkbox"/> Member	Address: One Dell Way
<input checked="" type="checkbox"/> Authorized	Round Rock, TX 78682	<input checked="" type="checkbox"/> Authorized	Round Rock, TX 78682
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Richard Rothberg	<input type="checkbox"/> Manager	Name: Thomas Sweet
<input type="checkbox"/> Member	Address: One Dell Way	<input type="checkbox"/> Member	Address: One Dell Way
<input checked="" type="checkbox"/> Authorized	Round Rock, TX 78682	<input checked="" type="checkbox"/> Authorized	Round Rock, TX 78682
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

Robert L. Potts

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELL PRODUCTS GP L.L.C." 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 EIGHTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELL PRODUCTS GP L.L.C." WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2003.

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.

3672379 8300

SR# 20220156184

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

Authentication: 202417731

Date: 01-18-22