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K. SALY NOV 10 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000	000195	
	REFERENCE	:	123891	8288185	
	AUTHORIZATION	:	1	V.	
	COST LIMIT	:	\$ 125	Delenson	
ORDER DATE	: November 8, 2022	<u>}</u>			
ORDER TIME	8:42 AM				
ORDER NO.	: 123891-010				
CUSTOMER NO	8288185				
<del></del>	- <b></b>	· <b></b>	<b>-</b>	<b></b>	
	FOREIGN F	'ILII	NGS		
NAME	SIFI NETWORKS	: AMI	ERICA,	LLC	
XXXX QUALII	FICATION (TYPE: <u>I</u>	<u>.L</u> )			
PLEASE RETUR	RN THE FOLLOWING AS	PRO	OOF OF	FILING:	
XX PLA	TIFIED COPY IN STAMPED COPY TIFICATE OF GOOD ST	'AND:	ING		

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

### **COVER LETTER**

TO:

го:		ion Section of Corporations				
SHRIF		Networks America, LLC				
	UBJECT:Name of Limited Liability Company					
			Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florid			
Please	return all co	orrespondence concerning this matter t	o the following:			
	-		Name of Person			
		Corporation Service Company				
	-	_ <del></del>	Firm/Company			
	-		Address			
	-	C	City/State and Zip Code			
		E-mail address: (to be	e used for future annual report notification)			
For fur	ther informa	ation concerning this matter, please cal	II:			
		S(2) (B)	at ()			
		Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing A		Street Address:			
Registration Section			Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	rananas	see. FL 32314	Tallahassee, FL 32303			
	Please ma	is a check for the following amount: ke check payable to: FLORIDA DEP 0 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate			

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

IN COMPILANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LABILITY COMPANYTOTRANSICT BUSINESS IN THE STATE OF FLORIDA-

(Name of Foreign	Eimited Liability Company; must include "Limite	d Liability (	Company," "L.L.C.," or "LLC.")				
f name unavailable, enter alternate n	name adopted for the purpose of transacting business in Fl	orida The al	ternate name must include "Limited Liabili	ty Company," "L. L.C." or "Lt.C."			
Delaware		3.	04/15/2014				
(Jurisdiction under the law of which foreign limited liability company is organized)		٠	3(FEI number, if applicable)				
August 10, 2022							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ine penalty li	ability)	_			
103 Foulk Road, Suite 500		1	03 Foulk Road, Suite 500				
treet Address of Principal Office)		6	(Mailing Address)				
Wilmington, DE 19803		Wilmington, DE 19803					
		_					
		_					
Name and street addres	s of Florida registered agent: (P.O. Box	NOT ac	ceptable)	MAN KON			
Name:	Corporation Service Company						
Office Address:	1201 Hays Street			PH 12: 55			
	Tallahassee		32301				
	(Cits)		, Florida(Zip code)	_			

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 Weiland, assisten + va present 8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage Jun to six (6) totall:

Title or Capacity: Name and Address:		Title or Capacit	Name and Address:	
□Manager	Name: Ben Bawtree-Jobson	□Manager	Name:	
≣Member	103 Foulk Rd Ste 500 Address: Wilmington, DE 19803	□Member	Address:	
]Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	2
∃Member	Address:	□Member	Address:	TALL AND
□Authorized		□Authorized		55.
Person  Other	□Other	Person □Other		Other 12
∃Manager	Name:	□Manager	Name:	
∃Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
]Other	Other	□Other		□Other
ndexed individuals  Output  Description  Des	se an attachment to report more than six (6 may be added to the index when filing your lifeate of existence, no more than 90 days of e law of which it is organized. (If the certificate submitted)	r Florida Department of St ld, duly authenticated by t	ate Annual Rep he official havi	ort form.

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

Benjamin Bawtree-Jobson

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 "SIFI NETWORKS AMERICA, 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 EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIFI NETWORKS AMERICA, LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2014.

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



Authentication: 204809342

Date: 11-08-22

5517239 8300

SR# 20223969067