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| Special Instructions to | Filing Officer: | |
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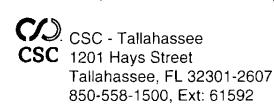
Office Use Only



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RECEIVED



To: Department Of State, Division Of Corporations

From: Alexxis Weiland

Ext: 61592 Date: 01/26/23 Order #: 412743-1

Re: Next Gear Solutions, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTHORIZATION:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 "Limite | | ,,, | | |
|---------------------------------------|--|-----------------------------|-------------------------|---------------------------|-------------------------|
| f name unavailable, enter alternate i | name adopted for the purpose of transacting business in Fl | lorida The | alternate name must inc | dude "Limited Liability (| Company," "L.L.C," or " |
| Delaware | hich foreign limited liability company is organized) | 3. | | (FEI number, if ap | |
| Dirisdiction under the law of w | high foreign limited liability company is organized) | | | (FEI number, if ap | plicable) |
| | | | | | 1.01 |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ | registration ine penalty | n.) liability} | | |
| 40 Pacifica, Suite 900 | | | 40 Pacifica, Su | uite 900 | ~ 5 |
| eet Address of Principal Office) | | 0. | (Mailing Addres | 55) | |
| Irvine, CA 92618 | | | Irvine, CA 926 | 18 | ~` |
| | | | | | |
| | | | | | |
| Name and street address | s of Florida registered agent: (P.O. Box | NOT: | acceptable) | | |
| N., | Corporation Service Company | | | | |
| Name: | 1201 Hays Street | | | | |
| Office Address: | | | | | |
| | 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.

Corporation Service Company

By: Ouxed units signature)

By: (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: David R. Hayes | □Manager | Name: |
| □Member | Address: 40 Pacifica, Suite 900 | □Member | Address: 40 Pacifica, Suite 900 |
| □Authorized | Irvine, CA 92618 | ■Authorized | Irvine, CA 92618 |
| Person | | Person | |
| □Other | Other | □Other | □Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | · · |
| □Other | □Other | □Other | □Other · · · |
| | | | 2 |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | □Other | □Other | Other |
| | | | |

<u>Important Notice</u>: 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.

| /S/ DAVID R. HAYES | | |
|---------------------------|-----------------------------------|--|
| | Signature of an authorized person | |
| David R. Hayes, Treasurer | | |
| • | Typed or printed name of signee | |



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEXT GEAR SOLUTIONS, 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXT GEAR SOLUTIONS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2016.

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

Authentication: 202577454

Date: 01-25-23