

M23000014503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/13/2023

Acc#120160000072

*en: c DW*

|             |                         |
|-------------|-------------------------|
| Name:       | Blue Jeans Network, LLC |
| Document #: |                         |
| Order #:    | 15180808                |

|                                   |                          |                                   |  |
|-----------------------------------|--------------------------|-----------------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> | <b>1-2 FILING</b>                 |  |
| Plain Copy:                       | <input type="checkbox"/> |                                   |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                                   |  |
| Certified Copy of                 | <input type="checkbox"/> | WITHDRAWAL 1ST - REGISTRATION 2ND |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination:           |  |
|                                   |                          | Number of Certs:                  |  |

|   |  |
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Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **155.00**

**Thank you!**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blue Jeans Network, LLC

\_\_\_\_\_  
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:

Christy K. Reyes

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

22001 Loudoun County Parkway

\_\_\_\_\_  
Address

Ashburn, VA 20147

\_\_\_\_\_  
City/State and Zip Code

paul.mattiola@verizon.com

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

For further information concerning this matter, please call:

Christy K. Reyes

908

559-4457

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

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. Blue Jeans Network, 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. 27-1264712  
(FEI number, if applicable)

4. Upon Filing  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

|   |  |
|---|--|
| 5. 3098 Olsen Drive<br>(Street Address of Principal Office) | 6. 3098 Olsen Drive<br>(Mailing Address) |
| 2nd Floor   | 2nd Floor                                |
| San Jose, CA 95128  | San Jose, CA 95128                       |

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System


Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY   
(Registered agent's signature)

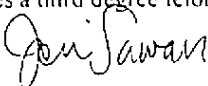
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>       |
|---|--------------------------------------|---|--------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Christopher J. Bartlett        | <input checked="" type="checkbox"/> Manager | Name: Kyle Malady              |
| <input type="checkbox"/> Member             | Address: One Verizon Way             | <input type="checkbox"/> Member             | Address: One Verizon Way       |
| <input type="checkbox"/> Authorized         |                                      | <input type="checkbox"/> Authorized         |                                |
| Person                                      | Basking Ridge, NJ 07920              | Person                                      | Basking Ridge, NJ 07920        |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other       | <input type="checkbox"/> Other              | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager            | Name: Verizon Communications Inc.    | <input type="checkbox"/> Manager            | Name:                          |
| <input checked="" type="checkbox"/> Member  | Address: 1095 Avenue of the Americas | <input type="checkbox"/> Member             | Address:                       |
| <input type="checkbox"/> Authorized         |                                      | <input type="checkbox"/> Authorized         |                                |
| Person                                      | NY, NY 10036                         | Person                                      |                                |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other       | <input type="checkbox"/> Other              | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager            | Name:                                | <input type="checkbox"/> Manager            | Name:                          |
| <input type="checkbox"/> Member             | Address:                             | <input type="checkbox"/> Member             | Address:                       |
| <input type="checkbox"/> Authorized         |                                      | <input type="checkbox"/> Authorized         |                                |
| 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

JORI SAWAN, AUTHORIZED PERSON

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE JEANS NETWORK, 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 NINETEENTH DAY OF OCTOBER, A.D. 2023.

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



4691613 8300

SR# 20233768797

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204407964

Date: 10-19-23