

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: corporatesecretary@solarwinds.com

**Foreign Limited Liability Company  
SOLARWINDS WORLDWIDE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$932.50

Please honor original submission date of 11/10/2023

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 11/14/23  
 12:52:38  
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2023 NOV 14 PM 3:07

DocuSign Envelope ID: 9EE10FDD-CB18-40C5-B3E1-6D41FB4B8DAE

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. SolarWinds Worldwide, 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. (F.I.I. number, if applicable)

4. 05/17/2021 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7171 Southwest Parkway, Bldg. 400. (Street Address of Principal Office) Austin, Texas 78735, United States 6. 7171 Southwest Parkway, Bldg. 400. (Mailing Address) Austin, Texas 78735, United States

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)

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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.

By: Denise Bell (Registered agent's signature) Denise Bell, Assistant Secretary, C T Corporation System

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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:

Manager      Name: Jason W. Bliss

Member        Address: 7171 Southwest Parkway,

Authorized      Bldg. 400, Austin, Texas 78735

Person \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: J. Barton Kalsu

Member        Address: 7171 Southwest Parkway,

Authorized      Bldg. 400, Austin, Texas 78735

Person \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Manager      Name: Sudhakar Ramakrishna

Member        Address: 7171 Southwest Parkway,

Authorized      Bldg. 400, Austin, Texas 78735

Person \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Manager      Name: SolarWinds North America, Inc.

Member        Address: 7171 Southwest Parkway,

Authorized      Bldg. 400, Austin, Texas 78735

Person \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member        Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member        Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

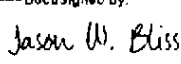
Person \_\_\_\_\_

Other \_\_\_\_\_       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.

DocuSigned by:  
  
 Signature of an authorized person

Jason W. Bliss  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLARWINDS WORLDWIDE, 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 SEVENTH DAY OF NOVEMBER, A.D. 2023.

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", written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

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SR# 20233912639

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

Authentication: 204535269

Date: 11-07-23