Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000359175 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)389-0502

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

Email	Address:			

## Foreign Limited Liability Company Sawtooth Network Solutions LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

K. SALY

OCT 2 9 2024

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

BJE		
	Name of Limited Liability Company	
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert nd check are submitted to register the above referenced foreign limited liability company to transact business in	
ease r	n all correspondence concerning this matter to the following:	
	Mike Town	
	Name of Person	
	Legalzoom.com, Inc.	
	Finn/Company	
	9900 Spectrum Dr	
	Address	
	Austin, TX 78717	
	City/State and Zip Code	
	billing@sawtoothnetworksolutions.com	
	E-mail address: (to be used for future annual report notification)	
or furti	nformation concerning this matter, please call:	
	ike Town 800 773-0888	
	Name of Contact Person Area Code Daytime Telephone Number	
	AILING ADDRESS:  Vision of Corporations gistration Section D. Box 6327 Clifton Building Idahassee, Ft. 32314 Cleft Executive Center Circle Tallahassee, Ft. 32301	
	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTMENT OF STATE	
	\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Fee, C	n

To:

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

IN COMPLIANCE 1971H SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA: Sawtooth Network Solutions LLC (Name of Foreign Limited Lability Company, must include "Limited Lability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of investering business in Florida. The alternate name most include "Limited Liability Company," "LUC," or "L Idaho 99-0645078 3. \_\_\_\_\_\_\_(FPI manber, if applacable) (Jurisdiction under the law of which foreign innited liability company is organized) (Date first transacted business in Horida, if prior to registration.) (See sections 635 3904-& 605 0905, U.S. to determine penalty liability) 4561 W EVEREST ST 4561 W EVEREST ST (Street Address of Proteinal Office) (Mathing Address) MERIDIAN, Idaho 83646 MERIDIAN, Idaho \$3646 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 476 Riverside Ave. Office Address: Jacksonville \_, Florida (City) (An 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. ERIK TREUTLEIN, ASSISTANT SECRETARY, UNITED rike Treutlein STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

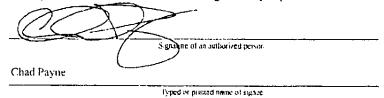
To:

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: Chad Payne	Manager Manager	Name:	····	
■Member	Address: 4561 W EVEREST ST	Member	Address:		
Authorized	MERIDIAN, Idaho 83646	Authorized			
Person		Person	*******		
Other	Other	Other		Other	
				DA OCT	Ū
Manager	Name:	Manager Manager	Name:		7
Member	Address:	Member	Address:	SS	1
Authorized		Authorized		EF. C. C.	C
Person		Person			
Other	Other	Other		Other	
Manager	Name:	Manager	Name:		
Member	Address:	Member	Address:		
Authorized		Authorized			
Person		Person	<del></del>		
Other	Other	Other	<u></u>	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.





# STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

From: Melanie Ibarra

October 28, 2024

Request Type: Certificate of Existence/Filing

Request #: 0005951900 Receipt #: 001055154

Regarding:

\_\_\_\_\_

Filing Type:

Sawtooth Network Solutions LLC Limited Liability Company (D)

Formation/Qualification Date: 01/02/2024

Status:

Active-Existing Perpetual

Duration Term: F

File #:

5533791

Issuance Date: 10/28/2024

Copies Requested:

Formation Locale: IDAHO

Inactive Date:

#### Certificate of Existence

I. Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### Sawtooth Network Solutions LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.



Phil McGrane Idaho Secretary of State

2024 OCT 28 PM 3: 42
SECRETAINY OF STATE
FLORID.

Processed By: Business Division Verification #: 031230115