

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**APPLICATION FOR REGISTRATION  
OF FOREIGN LIMITED LIABILITY COMPANY**

Please read Instructions L025I

1. **ENTITY TYPE** - check only one to indicate the type of entity applying for registration:

LIMITED LIABILITY COMPANY

PROFESSIONAL LIMITED LIABILITY COMPANY

2. **NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME)** - enter the exact, true name of the foreign LLC:

NETWORK FRONTIERS, LLC

3. **NAME TO BE USED IN ARIZONA (ENTITY NAME)** - identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:

3.1  **Name in state or country of formation**, with no changes or additions - go to number 4 and continue.

3.2  **Fictitious name** - check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LLC identifier, and enter the name in number 3.3 below. **NOTE** - a resolution of the company adopting the fictitious name must be attached to and submitted with this form.

3.3 **If you checked 3.2**, enter or print the name to be used in Arizona:

4. **PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** - if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

5. **FOREIGN DOMICILE** - list the state or country in which the foreign LLC was formed:

Delaware

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 01/10/2002

7. **PURPOSE OR GENERAL CHARACTER OF BUSINESS** - describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona:  
Technology & Marketing Consulting

8. STATUTORY AGENT IN ARIZONA:						
<b>8.1 REQUIRED</b> - give the name (can be an individual or an entity) and <i>physical or street address</i> (not a P.O. Box) in Arizona of the statutory agent:				<b>8.2 OPTIONAL</b> - Mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):		
Dorian Couglas <small>Statutory Agent Name (required)</small>						
<small>Attention (optional)</small> 2518 East Jacinto Avenue				<small>Attention (optional)</small>		
<small>Address 1</small>				<small>Address 1</small>		
<small>Address 2 (optional)</small> City Mesa		<small>State</small> AZ	<small>Zip</small> 85204	<small>Address 2 (optional)</small> City		<small>State</small> Zip
<b>8.3 REQUIRED</b> - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Registration.						

9. **PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** - *see Instructions L0251* - give the **physical or street address** (not a P. O. Box) of the foreign LLC required to be maintained in its state of organization, or, if not so required, of the foreign LLC's statutory agent in its state or country of organization:

<small>Attention (optional)</small> 2035 SUNSET LAKE ROAD SUITE B-2		
<small>Address 1</small>		
<small>Address 2 (optional)</small> NEWARK		<small>State</small> DE
<small>City</small>	<small>Country</small> UNITED STATES	<small>Zip</small> 19702
<small>State or Province</small>		<small>Zip</small>

10. **OPTIONAL - ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

10.1 Is the Arizona known place of business street address the same as the **street address** of the statutory agent?  Yes - go to the next page and continue.  
 No - complete number 10.2 and continue.

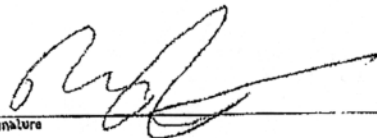
10.2 If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

<small>Attention (optional)</small>		
<small>Address 1</small>		
<small>Address 2 (optional)</small>		<small>Zip</small>
<small>City</small>	<small>Country</small> UNITED STATES	<small>State or Province</small> Zip
<small>State or Province</small>		<small>Zip</small>

**COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.**

- 11. **MANAGER-MANAGED LLC** - *see Instructions L0251* - check this box  If management of the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 12. **MEMBER-MANAGED LLC** - *see Instructions L0251* - check this box  If management of the LLC is reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 13. **SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

 \_\_\_\_\_

Signature
Dorian Gougias
3/26/19

Printed Name
Date

**REQUIRED** - check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> I am the <b>Individual Manager</b> of this manager-managed LLC or I am signing for an <b>entity manager named:</b>	<input checked="" type="checkbox"/> I am a <b>Member</b> of this member-managed LLC or I am signing for an <b>entity member named:</b>	<input type="checkbox"/> I am a <b>duly authorized agent</b> for this LLC.
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Filing Fee: \$150.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
 All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.  
 If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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**MEMBER STRUCTURE ATTACHMENT**

1. **ENTITY NAME** - give the exact name of the LLC (foreign LLCs - give name in domicile state or country):

NETWORK FRONTIERS, LLC

2. **MEMBERS** - give the name and address of all Members. If more space is needed, use another Member Structure Attachment form.

1. Dorian Cougias			2. Elbeth L. Heiberger		
Name 244 Lafayette Circle			Name 244 Lafayette Circle		
Address 1			Address 1		
Address 2 (optional) Lafayette		CA	94549	Address 2 (optional) Lafayette	
City	State or Province	Zip	City	State or Province	Zip
Country	UNITED STATES		Country	UNITED STATES	
3.			4.		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
5.			6.		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
7.			8.		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		

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**STATUTORY AGENT ACCEPTANCE**

Please read Instructions M0021

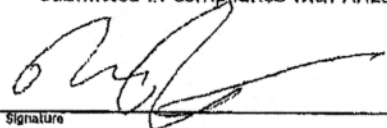
1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):  
NETWORK FRONTIERS, LLC

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an Individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:  
Dorian Cougias

3. **STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Dorian Cougias  
 Printed Name

3/26/19  
 Date

**REQUIRED** - check only one:

<input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Filing Fee: none (regular processing) Expedited processing - not applicable. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NETWORK FRONTIERS, 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 TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NETWORK FRONTIERS, LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2002.

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



3481584 8300

SR# 20191906860

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 "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202421749

Date: 03-12-19