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(((H15000184679 3)))



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Fax Number : (850)617-6383

From:

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FOREIGN PROFIT/NONPROFIT CORPORATION CRADLEPOINT, INC.

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August 3, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: CRADLEPOINT, INC.

REF: W15000051959

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245~6051.

Yasamin Y Sulker Regulatory Specialist II FAX Aud. #: E15000184679 Letter Number: 515A00016210

should this document have been suspended again? thought #5 only had to be completed if date was other than perpetual.

FILED

15 AUG -4 AM 8: 33

15 AUG -4 AM 8: 33

FECENED

15 AUG -4 AH IO: 25
SECRETARY UFSTATE
ALLAMASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

1,	(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	•		
2.	Dolaware	·		dopted for the purpose of transacting business in Flori	da)		
£,	(State or countr	y under the law of which it is incorporated)	٥	(FEI number, if applicable)			
December 5, 2006			ς .	perpetual			
.,	(Date	of incorporation)	~• .	(Date of duration, if other than perpetual)			
б.							
7.	1111 W. Jefferso	(Date first transacted busines: (SEE SECTIONS 607.1501 & 607) Street, Suite 400, Boise, Idaho 83792	s in '.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	<u> </u>	ಹ	
		· (Prin	eipa	l office address)		- SINV	
		(Current ma	iling	address, if different)			100
8.	Name and stree Name:	t address of Florida registered agent: (I		Box NOT acceptable)		က ထု	•
Οť	fice Address:	1540 Glenway Drive			2	(()	
		Tallahassee	,				
		(City)		(Zip code)			

Bure O. Porter, Asst Sec (Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

Having been named as registered agent and to accept service of process for the above stated corporation 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

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Nan	nes and business addresses of officers and/or directors:			
A. DIR	ECTOR\$			
Chairmar	George Mulhern			
Address:	1111 W. Jefferson Street, Suite 400			
	Boise, ID #3702			
Vice Cha	LeGrand Lewis			
Address:	1111 W. Jefferson Street, Suite 400			
r tour ess	Boise, ID 93702			
Director:	Gerry Langelor		-	
Address:	1111 W. Jefferson Street, Suite 400		<u> </u>	
reduces.	Boise, ID 83702			
Director:	Richard Belluzze	·- ·- <u> · · · · · · · · · · · · · </u>		
Address:	1111 W. Jeffarson Street, Suite 400			
AQQ1433.	Bolse, ID 93702	<u></u>		
B. OFF	ICERS`	TT C		
President	George Mulhern		5	
Address:	1111 W. Jefferson Street, Suite 400		<u>ن</u>	
Addiess.	Boue, 1D 93702	<u> </u>	F	{
Vice Pres	ident;		=	
Address:		THE STATE OF	ري چ ن	
rudi (35)		>		
Secretary:				
Address:				
•	Val Heusinkveld			
	1111 W. Jefferson Street, Suite 400, Boise, ID 83702			
	If necessary, you may flugh an adday turn to the application listing additional officers and/or d	irectors.		
12.				
rbe effe	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) aftirms that the fac	ts stated he	tein	
are true a	nd that he or she is aware that false information submitted in a document to the Department of			,
	three felony as provided for in s. \$17.155, F.S.			
13	(Typed or printed name and capacity of person signing application)			
	· * ·			



CRADLEPOINT, INC. - addendum to the application

ADDITIONAL DIRECTORS

Aaron DeRose, 1111 W. Jefferson Street, Suite 400, Boise ID 83702 Mike Myer, 1111 W. Jefferson Street, Suite 400, Boise, ID 83702 Ron Mika, 1111 W. Jefferson Street, Suite 400, Boise, ID 83702

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRADLEPOINT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRADLEPOINT, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2006.

AND I DO HERBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

8300

DATE: 07-30-15