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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 : (514)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: sameer.syed@trellix.com

**Foreign Limited Liability Company
Musarubra US LLC**

Certificate of Status	0
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2023 FEB 03

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FEB 03 2023

Electronic Filing Menu Corporate Filing Menu Help

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MUSARUBRA US LLC

1. _____ (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC".
Delaware 86-3857967

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized)
3. _____ (EIN number, if applicable)

Upon Filing

4. _____ (Date first transacted business in Florida, if prior to registration)
6000 Headquarters Drive 6000 Headquarters Drive
(See sections 605.003 & 605.005, F.S. to determine penalty liability)

5. _____ (Street Address of Principal Office)
Suite 600
Plano, TX 75024
6. _____ (Mailing Address)
Suite 600
Plano, TX 75024

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

C T Corporation System
Name: _____
1200 South Pine Island Road
Office Address: _____
Plantation 33324
_____, Florida _____
(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.

By: C T Corporation System
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: <u>Bala, Marc</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Chisholm, William</u>
<input type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>6000 Headquarters Drive, Suite 600</u> <u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized Person	<u>6000 Headquarters Drive, Suite 600</u> <u>Plano, TX 75024</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Dolan, Mark Philip</u>	<input type="checkbox"/> Manager	Name: <u>Halifax, Ian</u>
<input type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>6000 Headquarters Drive, Suite 600</u> <u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized Person	<u>6000 Headquarters Drive, Suite 600</u> <u>Plano, TX 75024</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Saunders, Timothy</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>6000 Headquarters Drive, Suite 600</u> <u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized 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.

DocuSigned by:
Tara Flanagan

Signature of an authorized person

Tara Flanagan, Assistant Secretary

Typed or printed name of signer

Delaware


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MUSARUBRA US 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2023.

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

2023-01-26




Jeffrey W. Bullock, Secretary of State

4667592 8300

SR# 20230276242

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202587008

Date: 01-26-23