Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

For Office Use Only

-FILED-

File No.: 202464613506 Date Filed: 11/15/2024

California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.	o dax to the	This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of Good Stand	ding.)			
Switching Systems Solutions, LLC					
1b. California Alternate Name, If Required (Only enter an alternat	e name if the LLC name i	n 1a not available in	California.))	
		•			
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Good Standii	ng.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delaw	/are				
b. Authority Statement (Do not alter Authority Statement)			-		
This LLC currently has powers and privileges to conduct busine	ess in the state, foreig	gn country or pla	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Itel	ms 3a and 3b cannot be a	P.O. Box or "in care	of" an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
7535 E. Pine St.	Tulsa		ОК	74115	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	X City (no abbreviations)		State	Zip Code	
			CA		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	7 3a				
d, Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.))				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full i		t address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the I	registered agent Corporat	ion.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	t complete Item 4a or 4b				
Corporation Service Company Which Will Do Business In Calif	ornia As CSC - Lawy	ers Incorporating	g Service	Э	
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true and co	orrect and that I a	m autho	rized to	sign
Make Superior	Michael Kilpatrick				
Signature	Type and Print Name				
LLC E (DEV.14/2022)			2023 Cali	ifornia Secr	etary of Sta

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SWITCHING SYSTEMS SOLUTIONS, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWITCHING SYSTEMS SOLUTIONS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2024.

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



Authentication: 204890489

Date: 11-15-24