State



Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

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

For Office Use Only

-FILED-

File No.: 202464214472 Date Filed: 10/10/2024

Note: Registered LLCs in California may have to pay minimum \$ California Franchise Tax Board each year. For more information, ghttps://www.ftb.ca.gov/.	800 tax to the o to		This Space For (Office L	ise Only	,
1a. LLC Name (Enter the exact name of the LLC as listed on your attack	hed Certificate of G				<u> </u>	
Icon Mobile LLC				<u>-</u>		
1b. California Alternate Name, If Required (Only enter an alter	nate name if the LL	C name in 1a	not available in Ca	alifomia.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	d Certificate of Goo	id Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
	NJ					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct bus	iness in the stat	e, foreign	country or place	enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses.	items 3a and 3b ca	nnot be a P.0	D, Box or "in care o	f" an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	iations)		State	Zip Code	
350 West 42 Street #6M	New York			NY	10036	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	City (no abbrev	iations)		State CA	Zip Code	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	☑ 3a □ 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	reviations)		State	Zip Code	
Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's formula in the complete Items 4a and 4b only.		nia street ad	dress.			
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 abbrev	eviations)		State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the	ne registered agent	Corporation.			1	
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete item 4	or 4b				
Corporation Service Company Which Will Do Business In Cal	ifornia As CSC -	Lawyers I	ncorporating Se	ervice		
5. Read and Sign Below (Title not required.)		——————————————————————————————————————				
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	on herein is true	and corre	ct and that I am	autho	rized to	sign
444	Daniel	Daniel Pinero				
Signature		nd Print Na	ame			
				0000 D F		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

ICON MOBILE LLC 0600471477

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 21, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY PRINCETON SOUTH CORPORATE CENTER, SUITE 160, 100 CHARLES EWING BLVD EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of October, 2024

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6157905760

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp