

3972889

Receipt Number: 121736

File Number **DL032717**



ARTICLES_OF_ORGANIZATION

For

CYBER SYSTEMS, LLC

Filed at the request of:

**CORP 95
32565B GOLDEN LANTERN STE 140
DANA POINT CA 92629**

*State of South Dakota
Office of the Secretary of State*

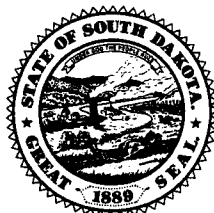
Filed in the office of the Secretary of State on: **Wednesday, June 05, 2013**


Secretary of State

Fee Received: \$150.00

3972890 06/20/2013 © GOES 340

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL032717

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **CYBER SYSTEMS, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this June 5, 2013.



Jason M. Gant
Secretary of State

3972891

RECEIVED

JUN 06 2013

S.D. SEC. OF STATE

SOUTH DAKOTA

ARTICLES OF ORGANIZATION

DOMESTIC LIMITED LIABILITY COMPANY

Filed this 6th day of June, 2013
[Signature]
SECRETARY OF STATE

Telephone No. 940-487-2436

Fax No. 949-218-4176

Article I

The name of the company is: CYBER SYSTEMS, LLC.

Article II

The duration of the company is perpetual.

Article III

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business:

110 E. Center St. Suite 2053, Madison, SD 57042.

Article IV

The South Dakota Registered Agent name and address are:

Dakota Agent Services, LLC

110 E. Center St. Suite 2053, Madison, SD 57042

The Commercial Registered Agent number (CRA#) is 000037.

Article V

The name and address of the organizer are:

David DeLoach

32565B Golden Lantern St. Ste 140

Dana Point, CA 92629

3972892

Article VI

The company will be member managed.

Article VII

No member of the company shall be liable for the debts and/or obligations of the company pursuant to the provisions of SDCL 47-34A-303 (c).

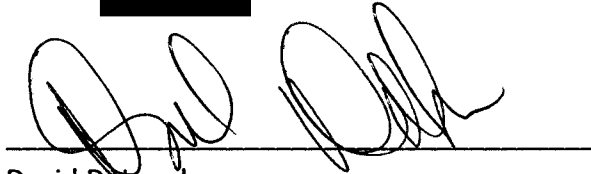
Article VIII

The liability of the managers, members and agents of this LLC for monetary damages shall be eliminated to the fullest extent permissible under SOUTH DAKOTA law.

This LLC is authorized to provide indemnification of managers, members and agents to the fullest extent permissible under SOUTH DAKOTA law.

Any amendment, repeal or modification of any provision of this Article shall not adversely affect any right or protection of a manager, member or agent of this LLC existing at the time of such amendment, repeal or modification.

Dated: [REDACTED]

A handwritten signature in black ink, appearing to read 'David DeLoach', is written over a horizontal line.

David DeLoach
Organizer

398 3369

Receipt Number: 131829

File Number **DL032717**



ARTICLES_OF_AMENDMENT

For

CYBER SYSTEMS, LLC

Filed at the request of:

SUSAN M LE VAY
SYNERGETICE INC
1520 S COLLEGE AVE
FORT COLLINS CO 80524

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Friday, July 26, 2013**


Secretary of State

Fee Received: \$60.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Amendment Limited Liability Company

ORGANIZATIONAL ID #: DL032717

I, **Jason M. Gant**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Organization of **CYBER SYSTEMS, LLC** duly signed and verified pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Amendment to the Articles of Organization and attach hereto a duplicate of the Articles of Amendment.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this July 26, 2013.



Jason M. Gant
Secretary of State

CertAmendLLC Merge

398 3371
Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

APPLICATION FOR AMENDED ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$60 payable to SECRETARY OF STATE

Filed this 26th day of July, 2013
Jaron Fant
SECRETARY OF STATE

RECEIVED

JUL 26 2013

S.D. SEC. OF STATE

Telephone # (970) 227-0125

FAX # (970) 498-9775

The Limited Liability Company named below, adopts the following Amended Articles of Organization pursuant to SDCL 47-34A-204.

1. The name of the company is Cyber Systems, LLC

Note: This must be the exact limited liability company name as currently on file.

2. The amended name is _____

The name must include limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

3. The date of filing the articles of organization is

4. The amendment to the articles is:

Article VI shall be amended to read:
The company will be manager managed.

RAJIV MEHTA
514 American Way # 4960
Box Elder SD 57719-7600

The application must be signed by a member if the company is a member-managed company or by a manager if it's a manager managed company.

Dated 7/24/13

Bina Mehta
(Signature of an Authorized Manager or Member)

Bina Mehta
(Printed Name)

Member
(Title)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

2013

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT OR BOTH

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 7/26/2013

RECEIPT NO 130873

1. L.L.C. ID and Name:

DL032717
CYBER SYSTEMS, LLC
110 E CENTER ST STE 2053
MADISON, SD 57042-2908

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the agent currently on file for this entity.

Agent Name: DAKOTA AGENT SERVICES, LLC

<u>110 E CENTER ST SUITE 2053</u>	<u>MADISON</u>	<u>SD</u>	
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		<u>SD</u>	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

4. If the address has changed, its new address.

New Agent Name: PAUL BROWN

<u>514 AMERICAS WAY</u>	<u>BOX ELDER</u>	<u>SD</u>	<u>57719-7600</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		<u>SD</u>	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 07/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

RAJIV MEHTA

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 5/27/2014

RECEIPT NO 203995

1. L.L.C. ID and Name:

DL032717
CYBER SYSTEMS, LLC
110 E CENTER ST STE 2053
MADISON, SD 57042-2908

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

110 E CENTER ST STE 2053	MADISON	SD	57042-2908
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent

Agent Name: PAUL BROWN

514 AMERICAS WAY	BOX ELDER	SD	57719-7600
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
-----------------------------------------------------------------	------	-------	-------

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐

Manager	Street Address	City	State	ZIP+4
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☐

Manager	Street Address	City	State	ZIP+4
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☐

Manager	Street Address	City	State	ZIP+4
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 05/27/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

RAJIV P MEHTA

(Printed Name)

2015

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 12/28/2015

RECEIPT NO 363791

1. L.L.C. ID and Name:

DL032717

CYBER SYSTEMS, LLC

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

110 E CENTER ST STE 2053

MADISON

SD

57042-2908

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

PAUL BROWN

514 AMERICAS WAY

BOX ELDER

SD

57719-7600

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 12/28/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

DEBBIE JORGENSON

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to \$40 will be assessed for returned payments.

12/28/2015 1:36:21 PM

2016

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/2/2016

RECEIPT NO 422350

1. LLC ID and Name:

DL032717

Enter LLC ID

CYBER SYSTEMS, LLC

Enter LLC Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

1520 SOUTH COLLEGE AVENUE

FORT COLLINS

CO

80524-4116

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

SAME

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

PAUL BROWN

514 AMERICAS WAY

BOX ELDER

SD

57719-7600

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

SD

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 06/02/2016

Signature Accepted Electronically
(Signature of an Authorized Person)
DEBBIE JORGENSON
(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 6/2/2016 1:20:36 PM
A fee of up to \$40 will be assessed for returned payments.