## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000204755 3)))



H130002047553ARC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

· To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Email Address:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

· ·

Foreign Limited Liability Company Daon Trusted Identity Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

B. BOSTICK

Electronic Filing Menu

· · ·

Corporate Filing Menu

Help

SEP 1 7 2013

EXAMINER

#### **COVER LETTER**

JECT:	Daon Trusted Identity Services, LLC	
	Name of Limited Liability Company	
enclosed "Application ence, and check are	on by Foreign Limited Liability Company for Authorization to Transact Business in Florida, submitted to register the above referenced foreign limited liability company to transact business.	' Certifica ness in Flo
e return all correspo	ondence concerning this matter to the following:	
	Amber Ragland	
<del></del> -	Name of Person	
	InCorp Services, Inc.	
•••	Firm/Company	
	2360 Corporate Circle - Suite 400	
	Address	
	Henderson, NV 89074	
	City/State and Zip Code	
	documents@incorp.com  E-mail address: (to be used for future annual report notification)	
_	•	
urther information of	concerning this matter, please call:	2
Amber Ragia	nd on behalf of Incorp Services, Inc. at ( 702 ) 866-2500	2013 SEP
-	Name of Person Area Code & Daytime Telephone Number  DRESS: STREET ADDRESS:	43,
MAILING AD	DRESS: STREET ADDRESS:	9
Division of Cor	porations Division of Corporations	
Registration Sec	tion Registration Section	
P.O. Box 6327	Cliffon Building	
Tallahassee, FL		8: 30
and in a charle t	For the following amount:	
OZEN IZ R CHECK I	or the following amount.	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

L	MITED LIABILITY COMPANY TO TRANSACT BUSII	VESS INTHE STATE	OF FLORIDA:	IO IUXIBII	an n	Munch
1.	Daon Trusted Identity Services, LLC  (Name of Foreign Limited Liability Compan	v: must include "Lir	nited Liability Company ** ** I. C	<u>'''                                  </u>	- my	-
	Company	J, 111400 Mei000 - 211	med Blubmy Company, L.D.C	., 61 DEC	.,	
CO	name unavailable, enter alternate name adopted in nsent of the managers or managing members adopted impany," "L.L.C," "LLC.")	for the purpose of tra- pting the alternate na	ansacting business in Florida and ame. The alternate name must inc	attach a cop lude "Limite	y of the d Liabil	writte lity
2.	Delaware (Jurisdiction under the law of which foreign limit	3,	20-4474809			
-	(Jurisdiction under the law of which foreign limit company is organized)	ed liability	20-4474809 (FEI number, if applica	ble)		•
4.	03/09/2008	5	Perpetual uration: Year limited liability con			
	(Date of Organization)	(D exi	uration: Year limited liability con st or "perpetual")	ipany will co	ease to	•
6.		Upon Registrat	lon			_
	(Date first transacted by (See sections 608.501 &	isiness in Florida, if 608.502 F.S. to dete	prior to registration.) rmine penalty liability)			•
7.	601 Madison Street, Suite 400			PA PA	2017	_
	Alexandria, VA 22314			CRC AH	SEP	.,
	(St	eet Address of Princ	cipal Office)	(S)25		
8.	If limited liability company is a manage	r-managed comp	any, check here 🗸		II.	<u> </u>
9.	The name and usual business addresses	of the managing	members or managers are as	follows:	8:30	•
	Thomas Grissen 601 Madison :	Street, Suite 40	0, Alexandria, VA 22314	<b>3</b> 5	30	
						•
		· · · · · · · · · · · · · · · · · · ·		<del></del>		
	Attached is an original certificate of existence, no n jurisdiction under the law of which it is organized.					onds in
	relation of the certificate under oath of the translator			roversit smiler	rago, a	
11	. Nature of business or purposes to be co	nducted or prom	oted in Florida:			_
	Civilian clearinghouse for fingerprint, blo	metric and blogra	aphic processing			
	Signature of a merric	or or an authorize	d representative of a memb	— er,	•	
	(In accordance with section 608.408(3),	F.S., the execution of	this document constitutes an affirmat	ion under the		
	penalties of perjury that the facts stated document to the Department of States					
	Thomas Grissen		<i>C</i> :	_		
	Typed	or printed name	or signee			

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Com	pany is:		
Daon Trusted Identity Services, LLC			
If unavailable, the alternate to be used in the	he state of Florida	is:	
2. The name and the Florida street address	s of the registered a	agent and office are:	
Ind	Corp Services, Inc.		
	(Name)		2013 SEP
178	88 67th Court Nort	th	ه ۱۲۰۰ سست در در میشود
Florida Street Ad	idress (P.O. Box NO	CACCEPTABLE)	SEE 6
Loxahatchee	FL	33470	AH 8:
	City/State/Zip		08104 ORIDA
Having heen named as registered agent and	to accent semilee a	formass for the above	va statad limitad

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

on behalf of incorp Services, Inc.
(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DAON TRUSTED IDENTITY SERVICES,
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 THIRTEENTH DAY OF
SEPTEMBER, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAON TRUSTED IDENTITY SERVICES, LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2006.

2013 SEP 16 AM 8: 30

4123251 8300

131086116

You may vorify this cortificate online

AUTHENTY CATION: 0734029

DATE: 09-13-13

H130002047553