# M140000000178

	questor's Name)	
(176	questor s marrie)	
(Ad	dress)	
(Äd	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		{
		ĺ

Office Use Only



300262362883

14 AUG 28 PM 1: 80

2014 ÅUG 28 PM 12: 15

1,4116 2 9 2014 D.BRUCE

DEPARTMENT OF STAT



	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	275442	4306285	
	AUTHORIZATION	Of the	nels eles	al	
	COST LIMIT	IJ.	\$ 125.00		
ORDER DATE :	August 28, 2014				
ORDER TIME :	1:17 PM				
ORDER NO. :	275442-005				
CUSTOMER NO:	4306285				
	<b></b>				<del>-</del>
	FOREIGN F	TLI	NGS		
NAME:	PROTEUS, LLC				

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

CHIP IP CT.	Proteus, LLC
SUBJECT: _	Name of Limited Liability Company
The enclosed 'Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter to the following:
·	Clay S. Sandberg
	Name of Person
	Proteus, LLC
	Firm/Company
	9100 Keystone Crossing, Suite 830
	Address
	Indianapolis, IN 46240
	City/State and Zip Code
	csandberg@proteuscapital.us
	E-mail address: (to be used for future annual report notification)
For further infe	ormation concerning this matter, please call:
	Clay S. Sandberg at 317 B19-5443 Rea Code Daytime Telephone Number Response Telephone Number Response
	Name of Contact Person Area Code Daytime Telephone Number
Divis Regis P.O.	LING ADDRESS:  STREET ADDRESS:  On of Corporations  Opinision of Corporations  Registration Section  Box 6327  Clifton Building  hassee, FL 32314  2661 Executive Center Circle  Tallahassee, FL 32301
	a check for the following amount:  25.00 Filing Fee

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

	COMPLIANCE (VITH SECTION 605.0902, FLORIDA STATUTES, TI REIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS I	
1 ()()	Proteus, LLC	NITE STATE OF FLORIDA:
1	(Name of Foreign Limited Liability Company; must include "Limited Li	ishility Company," "L.L.C.," or "U.C."
	Proteus Capital, LL0	
(If nan Liabili	ame unavailable, enter alternate name adopted for the purpose of transacting busin tility Company," "L.L.C." or "LLC.")	ness in Florida. The alternate name must include "Limited
2	Delaware 3.	N/A
(Aun per	unsdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4.	N/A	
	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to determ	r to registration.) line penalty liability)
5	9100 Keystone Crossin	g, Suite 830
	Indianapolis, IN 4	
_	(Street Address of Principal C	
6	9100 Keystone Crossin	g, Suite 830
	Indianapolis, IN 4	6240
	(Mailing Address)	
7. T	The name, title or capacity and address of the person(s) who l	has/have authority to manage is/are;
Jasor	on C. Brown, President and Chief Executive Officer of Keystone Internal	tional Holdings, LLC, Manager of Proteus, LLC
910	100 Keystone Crossing, Suite 830, Indiar	napolis, IN 46240
havin accep must	Attached is an original certificate of existence, no more than 9 ring custody of records in the jurisdiction under the law of wh eptable. If the certificate is in a foreign language, a translation at be submitted)  Signature of an authorized recordance with section 605,0203, F.S., the execution of this document constitutes an affirma wate tast any false information submitted in a document to the Department of State constitute.	d person
	Clay S. Sandberg, Chief F	inancial Officer

Typed or printed name of signee



### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:	
Proteus, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
Proteus Capital, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Corporation Service Company	
(Name)	
1201 Hays Street	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee, FL 32301	
City/State/Zip	

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 605, Florida Statutes.

(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 7

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PROTEUS, 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-SECOND DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROTEUS, LLC"
WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2012.

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

5111531 8300

141099628

AUTHENTY CATION: 1641423

DATE: 08-22-14

You may verify this certificate online