# Mysecoaloga

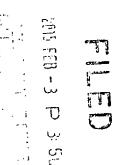
| (Re                     | equestor's Name)   |             |  |  |
|-------------------------|--------------------|-------------|--|--|
| (Ac                     | ldress)            |             |  |  |
| (Ac                     | ldress)            |             |  |  |
| (Ci                     | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                     | usiness Entity Nar | ne)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
|                         |                    |             |  |  |
|                         |                    |             |  |  |
|                         |                    |             |  |  |

Office Use Only



700269033217

02/03/15--01019--005 \*\*125.00



B. BOSTICK FEB 11 2015

EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Edgewater Technology-Ranzal, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

| John MacSweeney  |                 |
|--|-----------------|
| Name of Person   | · ·             |
| Edgewater Technology, Inc.   |                 |
| Firm/Company   |                 |
| 200 Harvard Mill Square, STE 210                                   | \$14 <b>6</b> 5 |
| Address  |                 |
| Wakefield, MA 01880  |                 |
| City/State and Zip Code  | <del></del>     |
| jmacsweeney@edgewater.com  | : "U<br>: u,    |
| E-mail address: (to be used for future annual report notification) | 5               |

For further information concerning this matter, please call:

### John MacSweeney

781

246-3343 x 4902

Name of Contact Person

Area Cod

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

**■** \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Edgewater Technology-Ranzal, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "I   |                                     |
|---|-------------------------------------|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The a Liability Company," "L.L.C," or "LLC.")  | Iternate name must include "Limited |
| 2. Delaware 3. 20-1652835   |                                     |
|   | , if applicable)                    |
| January 1, 2015   |                                     |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |                                     |
| J   |                                     |
| Wakefield, MA 01880   | · La manage                         |
| (Street Address of Principal Office)  5. 200 Harvard Mill Square, STE 210   | D 0                                 |
| Wakefield, MA 01880   | S O                                 |
| (Mailing Address)   | <u> </u>                            |
| 7. The name, title or capacity and address of the person(s) who has/have author   | ity to manage is/are:               |
| Timothy Oakes, C.F.O., 200 Harvard Mill Square, Wake  |                                     |
| Timothy Cakes, C.IC., 200 Harvara Will Equal 6, VVal.   |                                     |
|   |                                     |
|   |                                     |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)  | ed. (A photocopy is not             |
| Signature of an authorized person  (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties am aware that any false information submitted in a document to the Department of State constitutes a third degree felong |                                     |
| Timothy Oakes   |                                     |
| 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.

| If unavailable, the alternate to be used in the state of Florida is:  2. The name and the Florida street address of the registered agent and office are:  CT Corporation  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation,  FL  33324  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.  \$100.00 Filling Fee for Application \$25.00 Designation of Registered Agent |  | f the Limited Liability Compa<br>er Technology-R   | •  |  |                                |               |
|---|--|--|--|--|--------------------------------|---------------|
| 2. The name and the Florida street address of the registered agent and office are:  CT Corporation  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation,  Sa3324  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.  Samuell Assistant Secretary  \$ 100.00 Filling Fee for Application  \$ 25.00 Designation of Registered Agent  | If unavailable,  | the alternate to be used in the  | state of Florida is:   | ,,   |                                | _ <del></del> |
| CT Corporation  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation,  FL  33324  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.  Laurer: H. Kreaiz Spacial Assistant Secretary  \$ 100.00 Filling Fee for Application \$ 25.00 Designation of Registered Agent  | 2. The name an   | nd the Florida street address o  | f the registered agent and offic   | e are:   |                                | entropia<br>E |
| Plantation,  Plantation,  Plantation,  FL  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.  Lauren: H. Kreaiz Spacial Assistant Secretary  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent   |  | CT Corporation   |  |  |                                |               |
| Plantation,  Binida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation,  Gity/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.  Laurer: H. Kresiz Spacial Assistant Secretary  \$ 100.00 Filing Fee for Application  \$ 25.00 Designation of Registered Agent  |  |  | (Name)   | - 13   | T                              | 2             |
| Plantation,  BL  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.  Laurer: H. Kreatz  Spacial Assistant  Secretary  \$ 100.00 Filing Fee for Application  \$ 25.00 Designation of Registered Agent  |  |  |  | - <u>-                                  </u>                                       |                                |               |
| 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.  Laurer: H. Kreaîz Spacial Assistant Secretary  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent  |  | Florida Street Addi  | ress (P.O. Box NOT ACCEPTABLE)   | ,  |                                |               |
| 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.  Laurer: H. Kreaiz Spacial Assistant Secretary  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent  |  | Plantation,  | FL   |  |                                |               |
| 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.  Laurer: H. Kreatz Spacial Assistant Secretary  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent  |  |  | City/State/Zip   |  |                                |               |
| \$ 25.00 Designation of Registered Agent  | liability compar<br>registered agen<br>statutes relating<br>accept the oblig | y at the place designated in the and agree to act in this capacy to the proper and complete pations of my position as regist | city. I further agree to comply to erformance of my duties, and I dered agent as provided for in Comply to Laurer, H.  Special As Secret | he appointme<br>with the prov<br>am familiar<br>Chapter 605,<br>Kreaïz<br>ssistant | ent as<br>visions o<br>with an | of all<br>od  |
|   |  |  |  | gent   |                                |               |

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 "EDGEWATER TECHNOLOGY-RANZAL, 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 JANUARY, A.D.

2015.

5660206 8300

141596978

Jeffrey W. Bullock, Secretary of State

AUTHENTY, CATION: 2033246

DATE: 01-13-15

You may verify this certificate online at corp.delaware.gov/authver.shtml