# 20005406 of 1

### Florida Department of State

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#### Foreign Limited Liability Company Conexa LLC d/b/a Get Conexa, LLC

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7/10/2015

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#### **COVER LETTER**

	egistration Section lvision of Corporation	1			
SUBJECT	Conexa LLC				
	· · · · · · · · · · · · · · · · · · ·	Name o	Limited	Liability Company	
The enclose Existence,	ed "Application by Fore and check are submitted	ign Limited Liabilit to register the abov	y Compa e referen	any for Authorization to need foreign limited liab	Transact Business in Florida,* Certificate illing company to transact business in Flori
Picase retu	rn all correspondence ec	ncerning this matter	r to the f	ollowing:	
			Nar	na of Person	
			Fin	n/Company	
				Address	
	<del></del>		City/Sta	te and Zip Code	
	mike.sabin@utph				
For further	information concerning	•		for future annual report no	
_	Name of	Contact Person		Area Codo	Daytime Telephone Number
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314		Division Registrat Clifton E 2661 Ex	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	is a check for the fi \$125.00 Filing Fee	ollowing amount  \$130.00 Filing I  Certificate of St	ce &	☐ \$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. Conexa LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
GetConexa, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liability Company," "L.I.C." or "LLC.")	lmited
2. Oklahoma 3, 38-3933049	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
4.	
(Date first transacted business in Florida, If prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
5. Conexa LLC	<b>E 5</b>
4900 Richmond Square, Suite 110, Oklahoma City, OK 73118	
(Street Address of Principal Office)	三流二。
6. Conexa LLC	
4900 Richmond Square, Suite 110, Oklahoma City, OK. 73118 (Mailing Address)	— 選出 访
(weiling vonters)	<u> </u>
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Jason Ledlow, Member, 4900 Richmond Square, Suite 110, Oklahoma City, OK 73118	
	<del></del>
	<del>_</del>
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the o	
having custody of records in the jurisdiction upder the law of which it is organized. (A photocopy is no	
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the tra	nslator
must be submitted)	
- Com Ole	
Signature of an authorized person	
(in accordance with section 605.0201, 7.5., the execution of this document constitutes an affirmation under the penalties of perjury that the facts mated has aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.	
Jacon Cadless	
Jason Ledlow  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	f the Limited Liability Compa	ny is:
Conexa LLC	·	
If unavailable,	the alternate to be used in the	state of Florida is:
GetConexa, LLC		
2. The name ar	nd the Florida street address o	f the registered agent and office are:
	C T Corporation System	
		(Name)
	1200 South Pine Island Road	
	Florida Street Addi	ress (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
		City/State/Zip
liability compar registered agen statutes relating	ny at the place designated in th it and agree to act in this capai g to the proper and complete p	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of a erformance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, Florida
	By: C T Corporation System	then lack
	\ <del></del>	Lackey - Asst. Sec.
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>CONEXA LLC</u> whose registered agent is <u>MICHAEL</u>, R. SABIN, with its registered office at <u>4900 RICHMOND SQUARE 110 OKLAHOMA CITY 73118 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 10th, day of July. 2015.

Secretary Of State