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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1515

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FLORIDA/FOREIGN LP/LLLP LIGHTSQUARED LP

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Electronic Filing Menu

Corporate Filing Menu

DEC 1 0 2010



APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

L. Ligin Squared LF	-
	Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Lin	nited Partnership, Limited, L.P., LP, or Ltd.
	ship suffixes: Limited Liability Limited Partnership, L.L.IP.
or LLLP.	
//C	United and applies or limited liability limited partnership
proposes to register to transact bu	ne limited partnership or limited liability limited partnership isiness in Florida; must contain acceptable suffix.)
2. Delaware	3. November 26, 2001
(State or Country of Formation)	(Date of Formation)
4. Corporation Service Company	
(Name of Registe	ered Agent for Service of Process)
5, 1201 Hays Street	
	address for Registered Agent)
`	. .
Tallahassee, FL 32301	
comply with the provisions of all statutes rela	ered agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ons of my position as registered agent.
Corporation	Service Company Troy Todd
By:	110y 1000
	as its agent
7,200	are of Registered regard
7. 10802 Parkridge Blvd, Reston	
(Prin	ncipal office address)
	<u></u>
8. If limited partnership is a limited li	ability limited partnership, check box

Page 1 of 3

SECRETARY OF STATE DIVISION OF CORPORATIONS

Reston, VA 20191 0. Name, principal office address, and	(Mailing address) and mailing address of each general partner: 10802 Parkridge Blvd (Street Address)
0. Name, principal office address, and ightSquared GP Inc.	10802 Parkridge Blvd
ightSquared GP Inc.	10802 Parkridge Blvd
ightSquared GP Inc.	10802 Parkridge Blvd
(Name)	(Street Address)
	Reston, VA (Street Address)
	(Mailing Address)
	(ivaning rudiess)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	A. 11
	(Mailing Address)
	•
(Name)	(Street Address)
	(Mailing Address)

Page 2 of 3

10 DEC -9 AM 7: 06

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the c (Effective date cannot be prior filed by the Florida Departme	r to nor more than 90 days after the date this document is
to the delivery of this applicat	f existence duly authenticated, not more than 90 days prior ion to the Florida Department of State, by the Secretary of custody of the entity's records in the jurisdiction under the
Signed this 3rd	day of December
Signature of a general partner	:
Elizabeth Creary, VP & Assis	stant Secretary

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

\$52.50

\$8.75

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LIGHTSQUARED LP" 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 EIGHTH DAY OF DECEMBER, A.D. 2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIGHTSQUARED LP" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2000.

3242392 8300

101163991

AUTHENTYCATION: 8410336

DATE: 12-08-10

You may verify this certificate online at corp. delawars. row/authver.shtml