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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

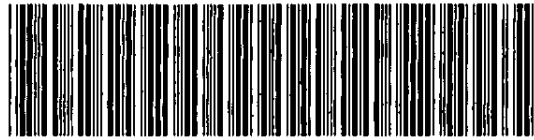
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2008 JUL 25 A 11: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 28 2008  
D. A. WHITE

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Liquid Hub, Inc  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristin Manns  
(Name of Person)  
Liquid Hub, Inc.  
(Firm/Company)  
500 E. Swedesford Road  
(Address)  
Wayne, PA 19087  
(City/State and Zip code)

For further information concerning this matter, please call:

Kristin Manns at (484) 654-1400  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Liquid Hub, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 51-0405734

(FEI number, if applicable)

4. 1/1/01

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 E. SWEGGSFORD ROAD, SUITE 300, WAYNE, PA 19082

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. IT SERVICE CO.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd, Suite 101

Tallahassee

(City)

, Florida 32301-2960

(Zip code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

MW

(Registered agent's signature)

MARK WILLIAMS, MVP,  
BUSINESS Filings  
INCORPORATED

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MARC LEDERMAN

Address: SAME AS ABOVE

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Vice Chairman: N/A

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: \_\_\_\_\_

Director: JONATHAN BRASSINGTON

Address: SAME AS ABOVE

Director: ROBERT KELLEY

Address: SAME AS ABOVE

B. OFFICERS

President: JONATHAN BRASSINGTON

Address: SAME AS ABOVE

Vice President: ROBERT KELLEY

Address: SAME AS ABOVE

Secretary: ROBERT KELLEY

Address: SAME AS ABOVE

Treasurer: DAVID MURRAY

Address: SAME AS ABOVE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jonathan Brasington  
(Signature of Director or Officer listed in number 12 of the application)

14. JONATHAN BRASSINGTON  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIQUIDHUB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JULY, A.D. 2008.

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2008 JUL 25 A 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6733446

DATE: 07-17-08