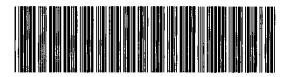
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(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D E. N
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2 SEP -4 PM 4:

T. Buren SEP 6. 2012

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: HARRIS LOCAL GOVERNMENT SOLUTIONS 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," or "Certificate of Good Standing" 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:
AHMED IBRAHIM
Name of Person
N. HARRIS COMPUTER CORPORATION
Firm/Company
1 ANTARES DRIVE SUITE 400
Address
OTTAWA, ONTARIO, K2E-8C4, CANADA
City/State and Zip code
AIBRAHIM@HARRISCOMPUTER.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AHMED IBRAHIM at (613) 226-5511 EXT 2184
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 & S78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED
12 SEP -4 PM 3: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 7, 2012

AHMED IBRAHIM
1 ANTARES DRIVE STE 400
OTTAWA
ONTARIO, K2E-8C4, CANADA, XX XX

SUBJECT: HARRIS LOCAL GOVERNMENT SOLUTIONS INC.

Ref. Number: W12000041263

We have received your document for HARRIS LOCAL GOVERNMENT SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 012A00020464-

www.sunbiz.org

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	I COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUI EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLOR		2	
1.	Harris Local Government Solutions Inc.		SEP -	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	SFF.	18 1	
		<u> </u>	Ŧ.	.
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting bu	siness in I	ilo <u>ri</u> da)
2.	Delaware 3. 45-5868883			
	(State or country under the law of which it is incorporated) (FEI number, if applicab	le)		_
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist			_
	(Date of incorporation) (Duration: Year corp. will cease to exist	t or "perp	etual")	•
6.	08/01/30/3	<u> </u>		_
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7	1 Antores Drive Suite 400, Ottown, Ontario, Kae-8c4 (Principal office address)			<u> </u>
-	1 Antares Orive Suite 400, Ottawa, Ontario, KOE-8CL			
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida	<u> </u>		
٥		•		
7,	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			
	Name: <u>CT Corporation System</u>			
Of	ffice Address: 1200 South Pine Island Rood			
	Plantation , Florida 33324 (City) (Zip code)			
Ha de: fui	. Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated cor signated in this application, I hereby accept the appointment as registered agent and agree to rther agree to comply with the provisions of all statutes relative to the proper and complete pe d I am familiar with and accept the obligations of my position as registered agent.	act in th	is cap	acity. I

Michael MalkeWiki
Assistant Seofethy
(Registered agent's signature)

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: Mark Leggard (Chauman)
Address: 1 Antores Orive Suite 400, Ottom, Ontario, KRE-8000
Canada 至常 Y
Vice Chairman:
Address:
Director: Jeff Bender (LEO)
Address: 1 Antones Drive Saite 400, Ottawa, Ontario, KaE-804
Canada
Director:
Address:
B. OFFICERS
President: Mark Leonard (Chairman)
Address: 1 Antares Drive Suite 400, Ottawa, Ontario 42E-804
Canada
Vice President: <u>Jeff Bender</u> (co)
Address: 1 Antares Drive Scrite 400, Ottawa, Ontario KDE-8C4
Canada
Secretary: Melanie Judge (CFO/Secretary)
Address: 1 Antores Drive Side 400, Ottawa, Ontario KRE-804, Canada
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Jeff Bonder (CED)

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARRIS LOCAL GOVERNMENT SOLUTIONS 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 NINETEENTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

12 SEP -4 PH 4: 05

SECRETARY OF STATE
TALLAHASSEE

5145018 8300

120753470

AUTHENTICATION: 9654989

DATE: 06-19-12

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