1000000016C

way to web

Informix Software, Inc. 16011 College Boulevard Lenexa, KS 66219

City/State/Zip

Phone #

WOLTLEHUZ 300004478123—2 -07/16/01-01117-003 *****125.00 *****125.00

Office Use Only

CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1.00789-00524-	MJH
(Corporation Name)	(Document #)
2. #849-Specific (Corporation Name)	fy Road numbers-rewrite City name Clearly
(Corporation Name)	City name Clearly (Document #)
1(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS AMENDMENTS
Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Amendment FI
Other	☐ Merger ☐ ☐ ☐
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 17, 2001

INFORMIX SOFTWARE, INC. 16011 COLLEGE BOULEVARD LENEXA, KS 66219

SUBJECT: INFORMIX DATABASE LLC

Ref. Number: W01000016463

We have received your document for INFORMIX DATABASE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete numbers 8 & 9 of the application, also, list the street numbers for the address and rewrite the city name, it is illegible.,

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 501A00041976

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Infoemix DATA 8156 (Name of foreign limited liability company) 13 - 4174160 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) <u>5, a</u> (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) ORCHARD ROAD ARMONK ARMONK, NY (Street address of principal office) 8. If limited liability company is a manager-managed company, check here Member manages 9. The name and usual business addresses of the managing members or managers are as follows INCOMPTIONAL BUDINESS MCHINES ARMONK. PCRO 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Developed PAPER MACHENES CORPORATION, MEMBER Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

COLBURN

Typed or printed name of signee

ARCITIE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 the Limite	d Liability Compan	y is:		
Noemix	DAYLAMSE LLC			<u></u>
2. The name and the Flori	da street address of	the registered	agent and office are:	
(Corporation	(Name)		
	Soo7n Pi Florida street addres	NE SLANO SS (P.O. BOX <u>NO</u>	ROAO VT ACCEPTABLE)	Ŀ
<u> </u>	antation .	FL City/State/Zip	33324	<u>.</u> .
liability company at the pla registered agent and agree statutes relating to the pro	ace designated in th e to act in this capac per and complete pe	is certificate, I city. I further a erformance of 1	e of process for the above state hereby accept the appointmen agree to comply with the provi my duties, and I am familiar w provided for in Chapter 608, I	nt as sions of all vith and
Robert La	elus nature)	- 		
Robin La Peters Vice President	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation Certified Co	or Application of Registered Agent opy (optional) of Status (optional)	

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFORMIX DATABASE 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 TWENTY-FIRST DAY OF JUNE, A.D. 2001.

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



Warriet Smith Windson, Secretary of State

3400522 8300

AUTHENTICATION: 1204412

010300349

DATE: 06-21-01