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OPTIMUS solutions

5060 AVALON RIDGE PARKWAY SUITE 300  
NORCROSS, GA 30071  
WWW.OPTIMUSSOLUTIONS.COM

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-08/27/01--01110--009  
\*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. OPTIMUS SOLUTIONS, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 AUG 27 AM 11:37

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Examiner's Initials

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Optimus Solutions LLC  
(Name of foreign limited liability company)
2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 58-2403631  
(FEI number, if applicable)
4. July 17, 1998  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. August 01, 2001  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5060 Avalon Ridge Parkway, Suite 300  
Norcross, GA 30071  
(Street address of principal office)

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STATE  
SECRETARY OF  
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8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:  
Mark Metz, James Davis, Sean Murphy, Edward Glachbach  
5060 Avalon Ridge Parkway, Suite  
Norcross GA 30071
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: TECHNOLOGY SALES

Mark Metz  
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.)

MARK METZ  
Typed or printed name of signee

**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 Limited Liability Company is:

Optimus Solutions, LLC

2. The name and the Florida street address of the registered agent and office are:

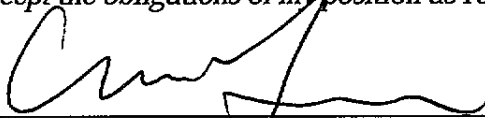
Mark Felberg  
(Name)

550 N. Rio Street

Florida street address (P.O. Box NOT ACCEPTABLE)

Tampa / FL / 33609  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : K827121  
DATE INC/AUTH/FILED: 07/17/1998  
JURISDICTION : GEORGIA  
PRINT DATE : 07/31/2001  
FORM NUMBER : 211

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OPTIMUS SOLUTIONS, LLC  
MORIAH HUGHES  
5060 AVALON RIDGE PARKWAY  
SUITE 300  
NORCROSS, GA 30071

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**OPTIMUS SOLUTIONS LLC**  
**A GEORGIA LIMITED LIABILITY COMPANY**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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*Cathy Cox*

Cathy Cox  
Secretary of State