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SECRETARY OF STATE
TALLAHASSEE, FLESHY

TRANSMITTAL LETTER

TO:	Registration Section Division of Corpora						
SUB.	JECT:	Dat	taTracPlus, LLC				
	(Name of Limited Liability Company)						
Floric	enclosed "Application da," Certificate of Exi ity company to transa	stence, and check ar	Liability Company for Authorization to Transa re submitted to register the above referenced for la	ct Business in eign limited			
Pleas	e return all correspond	dence concerning th	is matter to the following:				
			Barbara B. Lucas				
		((Name of Person)				
DataTracPlus, LLC							
		,	(Firm/Company)				
		8929 J.	M. Keynes Drive, Suite 10				
			(Address)				
	Charlotte, NC 28262						
		(City	/State and Zip Code)	JM 24			
For fu	urther information con	cerning this matter,	please call:	- N			
	Barbara	B. Lucas	at (704)549-0770	Ω 			
	(Nan	ne of Person)	(Area Code & Daytime Telephone Nun	nber)			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street			MAILING ADDRESS:				
			Registration Section Division of Corporations				
			P.O. Box 6327				
	Tallahassee, Florida		Tallahassee, Florida 32314				
Enclos	sed is a check for the	following amount:					
	□ \$125.00 Filing Fee	☑ \$130.00 Filing Fee Certificate		e, Certificate & Certified Copy			

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: DataTracPlus, LLC (Name of Foreign Limited Liability Company) 56-2124328 State of North Carolina (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 02/11/1999 2036 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) June 2004 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8929 J. M. Keynes Drive, Suite 10 Charlotte, NC 28262 (Street Address of Principal Office) 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: Barbara B. Lucas Dr. Thomas R. Lucas 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: The sale of proprietary software to track certificates of insurance. 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.)

Barbara B. Lucas
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:		
DataTracPlus, LLC		
2. The name and the Florida street address of the registered agent and office are:		
David E. Mooney		
(Name)		
143 Seasons Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	2005 JAN 24	T
Punta Gorda, FL 33983 ල්	3	
City/State/Zip City/State/Zip Having been named as registered agent and to accept service of process for the above sta	> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	J
liability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Stations (Signature)	ent as res ill statute il accept t	gisterea s

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



NORTH CAROLINA Department of The Secretary of State

(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

DATATRACPLUS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of February, 1999, with its period of duration being DEC 2036.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

TOUS JAN 24 A 7 53
SECRETARY OF STATE



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of December, 2004

6 laine I. Marshall