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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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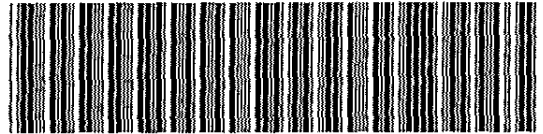
(Business Entity Name)

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JUN 7 PM 1:19
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STATE OF MISSISSIPPI

MO5-3205
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EN PUNTO SOLUTIONS, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

KATHERINE A. LAPP
(Name of Person)

EN PUNTO SOLUTIONS, LLC
(Firm/Company)

6080 CENTER DRIVE, 6TH FLOOR
(Address)

LOS ANGELES, CA 90045
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHERINE A. LAPP at (310) 242-6659
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
JUL 17 PM 1:19
REGISTRATION SECTION

**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:

1. EN PUNTO SOLUTIONS, LLC
(Name of Foreign Limited Liability Company)
2. CALIFORNIA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 43-2078024
(FEI number, if applicable)
4. 24 MARCH 2005
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 6080 CENTER DRIVE, 6TH FLOOR
LOS ANGELES, CA 90045
(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:

KATHERINE A. LAPP
EN PUNTO SOLUTIONS, LLC
6080 CENTER DRIVE, 6TH FLOOR LOS ANGELES, CA 90045

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: INFORMATION

TECHNOLOGY & BUSINESS CONSULTING SERVICES


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.)

KATHERINE A. LAPP

Typed or printed name of signee

State of California
Secretary of State

CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED LIABILITY COMPANY

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **24th day of March, 2005, EN PUNTO SOLUTIONS, LLC**, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of June 6, 2005.



BRUCE McPHERSON
Secretary of State

**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:

EN PUNTO SOLUTIONS, LLC

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

CT CORPORATION SYSTEM
(Name)

1200 SOUTH PINE ISLAND RD.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION

FL

33324

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, Florida Statutes.



(Signature)

Judith B. Argao
Asst. Secretary & V. President

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

FILED
2005 JUN -7 PM 1:20
SECRETARY OF TREASURY
TALLAHASSEE, FLORIDA