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Requester's Name Address City/State/Zip Phone # OS JILL PRINTS Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in ☐ Certified Copy Pick up time _ ☐ Will wait ☐ Photocopy ☐ Mail out Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** ☐ Annual Report ☐ Foreign ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

TRANSMITTAL LETTER

	ation Section of Corporations			
SUBJECT: _	HARVEST	SOFTWARE	SOLUTIONS	LLC
			Liability Company)	
Florida," Certifi		and check are submi		ization to Transact Busin ve referenced foreignlin
Please return al	-	oncerning this matte	_	JUL- ARU DARU
	SR	I RAVI KI	SHORE BAN.	DARU TO
•		(Name o	of Person)	DARU FLORIDA
	HARVEST	SOFTWARE	SOLUTIONS	,
<u> </u>		(Firm/C	Company)	
	8064 TI	MBERMILL	RD	
		(Add	dress)	
	JACKSONV	IILLE, FL	32256	`
		(City/State a	and Zip Code)	
For further info	rmation concerning	this matter, please	call:	
SRI RA	VI KISHORE	BANDARUa	t (904) 422 (Area Code & Daytim	8176
	(Name of Per	rson)	(Area Code & Daytim	e Telephone Number)
STREE"	T ADDRESS:		MAILING ADD	RESS:
	tion Section		Registration Secti	
_	of Corporations		Division of Corpo	
	Baines Street		P.O. Box 6327	
Tallahas	see, Florida 32399		Tallahassee, Flori	da 32314
Enclosed is a ch	neck for the following	ng amount:		

☐ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified C

of Status & Certified Copy

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

	HARVEST	SOFTWARE	SOLUTION.	S, LLC
<u> </u>	(Nam	e of Foreign Limited Li	bility Company)	
GEO	RGIA	3.	84-1648	732 er, if applicable)
isdiction under to pany is organiza	the law of which for ed)	eign limited liability	(FEI numb	er, if applicable)
JUNE 1	16, 2004	5.	PERPE	TUAL liability company will cease to
(Date	e of Organization)		(Duration: Year limited exist or "perpetual")	liability company will cease to
	UPON	QUALIFICATIO		
	(Date first tra (See sections 60	nsacted business in Flor 08.501 & 608.502 F.S. t	da, if prior to registration. determine penalty liabilit	SECTO ALLY
8064 T	MBERMILL	RD, JACKS	NVILE, FL	32256 E
				SSE
		(Street Address of	Principal Office)	
				LORE OR
iimited iiabiii	ty company is a	manager-managed c	ompany, check here	
				T=12
ie name and ii	icual hucinace ad	draceae of the manac	ina mambara ar mana	gorg and an follows:
ne name and u	sual business ad	dresses of the manag	ing members or mana	gers are as follows:
			<u>-</u>	gers are as follows: RD, JACKSONVILLE, F.
			<u>-</u>	
RI RAVI I	KISHORE BH	ANDARU, 80G	4 TIMBERMILL I	RD, JACKSONVILLE, F.
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RI RAVI A tached is an original	ral certificate of existe e law of which it is on	ence, no more than 90 day	ys old, duly authenticated by	RD, JACKSONVILLE, F.
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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:

		•		
HARVEST	SOFTWARE	SOLUTIONS	LLC	
2. The name and the Flo	rida street address of	the registered ager	nt and office are:	
	SRI RAVI K	ISHORE BI	ANDARU	
		(Name)		_
8064	TIMBERMI	LL RD		
	Florida Street Addres	s (P.O. Box NOT ACC	CEPTABLE)	
JACK	SONVILLE	FL City/State/Zip	32256	_
Having been named as reliability company at the pagent and agree to act in relating to the proper and obligations of my position	gistered agent and to e lace designated in this this capacity. I further l'complete performanc	accept service of proceed of continuous control of the comply we comply we comply we comply we comply duties, and	ocess for the above of a coept the appoint of the provisions of the familiar with a coept the co	tment as registered f all statutes and accept the

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

Secretary of State

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

. . . .

CONTROL NUMBER : 0436246
DATE INC/AUTH/FILED: 06/16/2004
JURISDICTION : GEORGIA
PRINT DATE : 07/11/2005
FORM NUMBER : 211

HARVEST SOFTWARE SOLUTIONS, LLC SRI RAVI K BANDARU 9480 PRINCETON SQ BLVD, APT 513 JACKSONVILLE, FL 32256

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

HARVEST SOFTWARE SOLUTIONS THE GEORGIA LIMITED LIABILITY COMPAN

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.

20050711155701975



Cathy Cox Secretary of State