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Division of Corporations

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Florida Department of State  
Division of Corporations  
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**FOREIGN LIMITED LIABILITY COMPANY**

**Thoroughbred Technology and Telecommunications, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. Thoroughbred Technology and Telecommunications, LLC  
(Name of Foreign Limited Liability Company)
2. Virginia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 42-1671397  
(FEI number, if applicable)
4. 06/08/2005  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 06/08/2005  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. Three Commercial Place, Norfolk, VA 23510  
(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:

Peter R. Conry, Three Piedmont Center Suite 150, Atlanta, GA 30305

Cynthia C. Barhart, Three Commercial Place, Norfolk, VA 23510

James A. Hixon, Three Commercial Place, Norfolk, VA 23510

**SEE ATTACHMENT**

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: \_\_\_\_\_

Telecommunications

James A. Hixon  
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.)

James A. Hixon

Typed or printed name of signee

## Attachment

Page 1 of 1

Attachment to Florida

**Member / Manager Information**

- 
- |    |                   |                                 |
|----|-------------------|---------------------------------|
| 1. | Full Name:        | Kathryn B. McQuade              |
|    | Member/Manager:   | Manager                         |
|    | Business Address: | Three Commercial Place          |
|    | City:             | Norfolk                         |
|    | State:            | VA                              |
|    | ZIP Code:         | 23510                           |
| 2. | Full Name:        | C. Wick Moorman                 |
|    | Member/Manager:   | Manager                         |
|    | Business Address: | Three Commercial Place          |
|    | City:             | Norfolk                         |
|    | State:            | VA                              |
|    | ZIP Code:         | 23510                           |
| 3. | Full Name:        | Stephen E. Raville              |
|    | Member/Manager:   | Manager                         |
|    | Business Address: | Three Piedmont Center Suite 150 |
|    | City:             | Atlanta                         |
|    | State:            | GA                              |
|    | ZIP Code:         | 30305                           |
| 4. | Full Name:        | Daniel D. Smith                 |
|    | Member/Manager:   | Manager                         |
|    | Business Address: | Three Commercial Place          |
|    | City:             | Norfolk                         |
|    | State:            | VA                              |
|    | ZIP Code:         | 23510                           |

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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:

Thoroughbred Technology and Telecommunications, LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

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.*

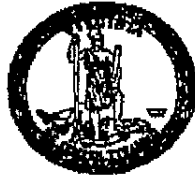
C T Corporation System

By: 

(Signature)

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

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

A certificate of organization was issued by the Commission to Thoroughbred Technology and Telecommunications, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of June 08, 2005.

As of the date below, articles of cancellation have not been filed in this office by Thoroughbred Technology and Telecommunications, LLC, a Virginia limited liability company.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
July 15, 2005*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission