## Florida Department of State

Division of Corporations Public Access System

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

MetSolve LLC		
(Name of Possign Limited		
Pelaware	3.	75-2094811
furiadation under the law of which foreign limited liability concerny is organized)	, " '	(FEI number, if applicable)
9/19/85	<b>5</b> .	Perpetual
(Date of Organization)		(Duration: Year limited liability company will coase to exist or "perpenual")
(Date first transacted business in I (See sections 602.50) & 608.502 F.	Ploci S. t	o detormine penalty liability)
170 Nest Tasman Dr., San Jose, CA 95134	<u> </u>	5.0
		ja n marka
(Street Addres	ts 01	Principal Office)
If limited liability company is a manager-manage	d o	ompany, check here
The name and usual business addresses of the ma	KIRE	ring members or managers are as follows:
Daniel Scheinman, Manager		
170 West Taimin Dr.		32'
Sam Jose, CA 95134		
<ol> <li>Attached is an original conflicate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photoco</li> </ol>	0 de	
organic of the certificate under onth of the translator must be as	χyί	
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ndiction of the certificate under onth of the translator must be as	ot t pus solvi	oromoted in Florida: Will engage in

Typod or printed name of signee

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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 nam	ne of the Limited Liability Con	npany is:	
NETSOLVE	LLC		
2. The nan	ne and the Florida street addres	s of the registered agent and office	are:
	CORPORATION SERVICE	COMPANY	
		(Name)	The state of the s
	1201 HAYS STREET		
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
	TALLAHASSEE	FL 32301	
		City/State/Zip	
liability con agent and a relating to I	npany at the place designated in tgree to act in this capacity. I fu the proper and complete perform of my position as registered age <b>Cy</b>	d to accept service of process for the this certificate, I hereby accept the orther agree to comply with the province of my duties, and I am familia and as provided for in Chapter 608, I milia L. Harris as its agent	a above stated limited > appointment as registered isions of all statutes or with 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)

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Delaware

PAGE :

## The First State

1, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NETSOLVE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID \*NETSOLVE LLC"
WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 1985.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4142766

DATE: 09-08-05

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