

MO 0000001485

Division of Corporations

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Florida Department of State  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bowman Systems L.L.C.

Certificate of Status	1
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DIVISION OF CORPORATIONS

03/13/06

**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. Bowman Systems L.L.C.  
(Name of Foreign Limited Liability Company)
2. Louisiana  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 72-1440820  
(FEI number, if applicable)
4. March 29, 1999  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. February 2006  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. Bowman Systems L.L.C.  
333 Texas Street, Suite 300, Shreveport, LA 71101  
(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:  
Robert P. Bowman, Manager  
Bowman Systems L.L.C.  
333 Texas Street, Suite 300, Shreveport, LA 71101
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: software sales, hosting, support

Robert P. Bowman  
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.)

Robert P. Bowman, Manager

Typed 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 name of the Limited Liability Company is:

Bowman Systems L.L.C.

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

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation, Florida 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.*

CT 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)

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United States of America  
State of Louisiana



As Secretary of State, Al Ater, I do hereby Certify that

**BOWMAN SYSTEMS L.L.C.**

A limited liability company domiciled in SHREVEPORT,  
LOUISIANA,

Filed charter and qualified to do business in this State on  
March 29, 1999,

I further certify that the records of this Office indicate  
the company has paid all fees due the Secretary of State,  
and so far as the Office of the Secretary of State is  
concerned, is in good standing and is authorized to do  
business in this State.

I further certify that this certificate is not intended to  
reflect the financial condition of this company since this  
information is not available from the records of this  
Office.

In testimony whereof, I have hereunto set  
My hand and caused the Seal of my Office  
To be affixed at the City of Baton Rouge on,  
March 9, 2006

*Al Ater*

Secretary of State  
34767525K



Certificate ID: 20060309004132

To validate this certificate, visit the following web site,  
go to Commercial Division, Validate Certificate, then  
follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)

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