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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN FEB 2 7 2007

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Geomeme LLC (Name of Limitation)	ited Liability Company)	
The enclosed "Application by Foreign Limited Lia		Rusiness in
Florida," Certificate of Existence, and check are su liability company to transact business in Florida		
Please return all correspondence concerning this m	atter to the following:	
Raghavan Kannan		
(Na	me of Person)	
Geomeme LLC		0 20
(Fir	rm/Company)	SIOH FEE
16 Laurel Hill Ln		TEB 26
	(Address)	PH 유유다
Winchester, MA 01890		ATTENS 3: 59
(City/Sta	ate and Zip Code)	
For further information concerning this matter, ple	ase call:	
Raghavan Kannan	at (617) 6421915	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, C Status Certified Copy of Status &	Certificate Certified Copy

'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. Geomeme LLC (Name of Foreign Limited Liability Company) 3. 20-4550114 2. Deleware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) ₄ 3/23/06 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 16 Laurel Hill Ln Winchester, MA 01890 (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: Raghavan Kannan 16 Laurel Hill Ln Winchester, MA 01890 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: Provide research and analytical services for corporate client's marketing departments.

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.)

Raghavan Kannan

Typed or printed name of signee

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 Co	ompany is:	
Geomeme LLC	unindos no lebras	
2. The name and the Florida street addr	ress of the registered agent and office are:	
Raghavan Kanna		TEB 26
	(Name)	26 Programment
7201 Darby Ln		PA
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	3: 59
Parkland,	FL 33067	_
	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.

Manager (Signature)

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

Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEOMEME 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE AS CIVISION OF CORPORATIONS



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Varuet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5372492

DATE: 01-22-07