MMMM1873

(Re	equestor's Name)			
(Ac	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



400094890104

03/28/07--01018--021 **130.00

07 MAR 28 AM II: 32 SECRETARY OF STATE TALLAHASSEE FLORIDA



COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Interweave Technologies, LLC	•
• • • • • • • • • • • • • • • • • • • •	Limited Liability Company)
	d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited da
Please return all correspondence concerning the	nis matter to the following:
Chris Killmeyer	
	(Name of Person)
API Processing	·
	(Firm/Company)
3419 Galt Ocean Drive,	Suite A SS
	(Address)
Fort Lauderdale, FL 333	308 <u>5</u> 3
(Cit	ty/State and Zip Code)
For further information concerning this matter	, please call:
Chris Killmeyer	at (954) 567-0013
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \mathbf{\$\frac{1}{2}\$}\$125.00 Filing Fee Certification Certification	

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:

I. Interweave Technologies, LLC (Name of Foreign I	Limited Li	en l'eter l'avec est est est	****		*************	
•						
 Alabama (Jurisdiction under the law of which foreign limited I company is organized) 	3.	20-2676032 (FEI)	number, if applicab	le)		
4, 4/14/2005	5.	Perpetual				
(Date of Organization)		(Duration: Year linexist or "perpetual	nited liability comp: ")	iny will cea	se to	
6. Upon Licensure				TAL	07	z:
(Date first transacted busin (See sections 608.501 & 608	ess in Flor 3.502 F.S. t	da, if prior to registra o determine penalty l	ition.) iability)	085 185	MAR	32
7. 1318-A Putnam Drive NW, Huntsville, A	L 35816		ı	TAR.	28	
				339 40 A		:
(Street	Address o	Principal Office)	**************************************	<u> </u>	=======================================	5
8. If limited liability company is a manager-m	nanaged c	ompany, check he	ere 🗸	RICA RICA RICA RICA RICA RICA RICA RICA	32	
9. The name and usual business addresses of t	ihe manaj	ging members or r	nanagers are as f	ollows:		
Mark A. Steele - Manager - 2211 Almon W.	ay SW, D	ecatur, AL 35603				
Ravi Kolli - Manager - 1318-A Putnam Dr	rive NW,	Huntsville, AL 35	816			
10. Attached is an original certificate of existence, no monthe jurisdiction under the law of which it is organized. (A translation of the certificate under eath of the translation mu	photocopy ist be submi	is not acceptable. If the tted.)	e certificate is in a for	reign langua		ords
11. Nature of business or purposes to be cond	ucted or	Plando	ja: <u>Electrical Cc</u>	omacung		, •
Signature of a member of the accordance with section 608 on affirmation under the penalty Mark A. Steele - Mana	3.40 8(3) , F.S ties of perjur	the execution of this i	document constitutes	· ·		

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 Con	npany is:
Interweave Technologies, LLC	

2. The name and the Florida street address of the registered agent and office are:	O7 H SECTION
Dawn R. Johnson	MAR 2
(Name)	28 AM ARY OF ASSEE
3419 Galt Ocean Drive, Suite A	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ATE DRIDA
Fort Lauderdale FL 33308	
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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Interweave Technologies, LLC organized in the office of the Judge of Probate of Madison County on April 14, 2005. I further certify that the records do not disclose that said Interweave Technologies, LLC has been dissolved.

07 MAR 28 AM II: 32
SECRETARY OF STATE
TALL AHASSEF FLORIDA

#1.200 E



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 19, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State