•		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Fan.		
	Office Use Onl	y



400093728024

03/27/07--01005--031 **160.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	Apollo Consulting, LLC				
DODOLIC I.		mited Liability Company)			
Florida," Ce	rtificate of Existence, and check are s	submitted to register the above referenced foreign limited			
Please return	n all correspondence concerning this	matter to the following:			
	(N	(ame of Person)			
	Apollo Consulting, LLC				
	_ 	irm/Company)			
	100 California St, STE 620)			
		(Address)			
	San Francisco, CA 94111	-4537			
	(City/S	State and Zip Code)			
For further i	information concerning this matter, p	lease call:			
Sco	ott McMahon	at (415) 420-7003			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
MA	ILING ADDRESS:	STREET ADDRESS:			
	*	•			
		<u> </u>			
Talla	ahassee, FL 32314				
	a check for the following amount: 25.00 Filing Fee \$\square\$\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Certificate				

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.	Apollo Consulting, LLC
	(Name of Foreign Limited Liability Company)
	State of California 3.
1	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	June 11, 1998 5. perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	Apollo Consulting, LLC
	6205 Blue Lagoon STE 270, Miami, FL 33126
8.	(Street Address of Principal Office) 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:
	Scott McMahon -Apollo Consulting, LLC - 100 California St, STE 620, San Francisco, CA 94111-4537
	Peter Kavanagh -Apollo Consulting, LLC - 100 California St, STE 620, San Francisco, CA 94111-4537
	Fernando Barilari - Apollo Consulting, LLC - 6205 Blue Lagoon STE 270, Miami, FL 33126
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	nslation 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, installation
	and consulting
	× Veneule
	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.)
	Scott McMahon
	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.

I. The nam	ne of the Limited Liability Co	ompany is:	
	onsulting, LLC		
2. The nam	ne and the Florida street addre	ess of the registered agent and office are	e:
	Fernando Barilari		
		(Name)	
	10375 NW 46th Te		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Miami,	_{FL} 33178	
		City/State/Zip	
liability com agent and ag relating to th	npany at the place designated t gree to act in this capacity. I j he proper and complete perfor	nd to accept service of process for the abin this certificate, I hereby accept the apfurther agree to comply with the provision mance of my duties, and I am familiar we gent as provided for in Chapter 608, Flow	pointment as registere ons of all statutes vith 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)

State of California Secretary of State

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 11th day of June 1998, APOLLO CONSULTING, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 5, 2007.



DEBRA BOWEN
Secretary of State