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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Kelly Integral Solutions, I	_LC			
	ed Liability Company)			
	pility Company for Authorization to Transact Business in comitted to register the above referenced foreign limited			
Please return all correspondence concerning this ma	atter to the following:			
Nicholas P. Crivella				
(Name of Person)				
Steven I. Batoff, P.A.				
(Firm	n/Company)			
111 S. Calvert Street, Ste. 2700				
(Address)			
Baltimore, MD 21202				
(City/Sta	te and Zip Code)			
For further information concerning this matter, plea	se call:			
Nicholas P. Crivella	_at (410) 385-5283			
(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: \$\sumsymbol{\sum}\$\$125.00 Filing Fee \$\text{\$\sumsymbol{\su}}\$\$130.00 Filing Fee \$\text{\$\center}\$\$ Certificate of \$\text{\$\sumsymbol{\su}}\$\$	\$155.00 Filing Fee & \$\Bigs\tag{\$160.00 Filing Fee, Certificate}\$ Status Certified Copy of Status & 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:

Name of Foreign Limited Liability Company; ma	rust include "Limited Liability Company," "L.L.C.," or "LLC	2.")
	he purpose of transacting business in Florida and attach a cor 3 the alternate name. The alternate name must include "Limit	
_{2.} Maryland	_{3.} 26-0725617	
(Jurisdiction under the law of which foreign limited has company is organized)	ability (FEI number, if applicable)	
4. 08/16/2007	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will of exist or "perpetual")	
6 Upon Qualification	onders posperiary	Vising
(Date first transacted busines	ess in Florids, if prior to registration.)	- =
·	.502 F.S. to determine penalty liability)	ည်
7. 301 International Circle		
Hunt Valley, Maryland 21030)	2
(Street A	Address of Principal Office)	$\overline{\omega}$
8. If limited liability company is a manager-ma	anaged company, check here 🔽	
O. The name and usual hyginers addresses of th	he managing members or managers are as follows:	
Francis X. Kelly, Jr.	301 International Circle Hunt Valley, MD	7 2 1030
	<u>.</u>	
		
	than 90 days old, duly authenticated by the official having cost shotocopy is not acceptable. If the certificate is in a foreign lang at be submitted)	
11. Nature of business or purposes to be condu	acted or promoted in Florida: To provide admir	nistrative
services, including finance/accounting,	human resources and communication/mark	ceting
(In accordance with section 608.4	or an authorized epresentative of a member. 408(3), F.S., the execution of this document constitutes	
an affirmation under the penaltic Francis X. Kelly	es of perjury that the facts stated herein are true.)	

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 Company is:		
Kelly Integral Solutions, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
CT Corporation System		
(Namo)		
1200 South Pine Island Road		
Plorida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation, FL 33324 FL		
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)

3 5.00 Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation

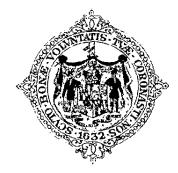
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT KELLY INTEGRAL SOLUTIONS, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 21, 2007.

Paul B. Anderson Charter Division

Paul B. Underen



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097