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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |





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ACCOUNT NO. : 072100000032 REFERENCE: 285470 4304756 AUTHORIZATION : COST LIMIT : \$125.00 ORDER DATE: October 23, 2007 ORDER TIME : 3:13 PM ORDER NO. : 285470-020 CUSTOMER NO: 4304756 FOREIGN FILINGS NAME: XENSOURCE, LLC XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX_ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Jeanine Reynolds -- EXT# 2933 EXAMINER:

APPLICATION BY FOREIGN LÍMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 KenSource, LLC | |
|---|--|
| (Name of Foreign Limited Liability Company; must include " | Limited Lighthty Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.") | transacting business in Florida and attach a copy of the written name. The alternate name must include "Limited Liability |
| 2. Delaware 3. | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| | 'erpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6, 8/19/2007 | |
| (Date first transacted business in Florida (See sections 608,501 & 508,502 F.S. to d | if prior to registration.) etermine penalty Hability) |
| 7. 851 West Cypress Creek Road | |
| Fort Lauderdale, FL 33309 | |
| (Street Address of Pr | incipal Office) |
| 8. If limited liability company is a manager-managed com | npany, check here 🛛 |
| 9. The name and usual business addresses of the managin | g members or managers are as follows: |
| Citrix Systems, Inc., 851 West Cypress Creek | Road, Fort Lauderdale, FL 33309 |
| | and the second s |
| | |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days of the jurisdiction under the law of which it is organized. (A photocopy is no translation of the certificate under cath of the translator must be submitted | ot acceptable. If the certificate is in a foreign language, a |
| 11. Nature of business or purposes to be conducted or pro | moted in Florida: |
| Software development and marketing | 7 |
| Naordeun | a |
| Signature of a member or an author (in accordance with section 608,408(3), F.S., the | zed representative of a member. |
| an affirmation under the penalties of perjury that | |
| David Friedman, Secretary Typed or printed name | |
| i ypeu of primed nam | ic of signec |

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.

| | e of the Limited Liability C arce, LLC | ompany is: | | |
|--|---|--|--|--|
| If name unavailable, the alternate name to be used in the state of Florida is: | | | | |
| | | | | |
| 2. The name | e and the Florida street addi | ress of the registered agent and office are: | | |
| | Corporation Service | Company | | |
| | | (Name) | | |
| | 1201 Hays Street | | | |
| | Florida Street | Address (P.O. Box NOT ACCEPTABLE) | | |
| | Tallahassee | FL 32301 | | |
| | | City/State/Zip | | |
| liability comp agent and ag relating to th obligations o | pany at the place designated ree to act in this capacity. I se proper and complete perfo f my position as registered a on Service Company | and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registered further agree to comply with the provisions of all statutes ormance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes. | | |
| 7 | (Silmature) —IE | anine Reynolds as its agent | | |
| | \$ 100 \$ 25 | .00 Filing Fee for Application .00 Designation of Registered Agent | | |
| | | .00 Certified Copy (optional) | | |
| | ₹ ₹ | All Cartificate of Status (antional) | | |

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XENSOURCE, 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-THIRD DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XENSOURCE, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2007.

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

Harriet Smith Windson Secretary of State

AUTHENTICATION: 6096463

DATE: 10-23-07

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