

Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000277189 3)))



H070002771893ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092

Fax Number : (850)878-5926

\$

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
7 NOV 13 AM 7: 04
SECRETARY OF STATE

Aurum Technology LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

OV 13 PN 12: NETARY OF STA NHASSEE, FLOR

Electronic Filing Menu

Corporate Filing Menu

Help 5

https://efile.sunbiz.org/scripts/efilcovr.exe

11/12/2007

9269848098 40:41 4002/21/11

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

IN COMPLIANCE WITH SECTION 688503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

consent of the manager	inter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the virsion or managing members adopting the alternate name. The alternate name must include "Limited Liability of the contract of the co	written ity
Company," "L.L.C.," "	· LLCAT)	
2. Delaware	3, 06-1150826	
(Arrisdiction under the company is organized	he law of which foreign limited liability (FEI number, if applicable)	
4. 08/28/2007	5. Perpenual	
(Date	of Organization) (Duration: Your limited liability company will cease to exist or "perpetual")	
6. <u>10/31/2007</u>		
	(Dute first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 601 Riverside Aver	nno , Jacksonvilla , FL 32204	
···		
•	(Street Address of Principal Office)	
8. If limited liabili	ty company is a manager-managed company, check here	
9. The name and u	sual business addresses of the managing members or managers are as follows:	
	;	
FIS Integrated Fin	ancial Solutions, LLC, 601 Riverside Avenue, Jacksonville, FL 32204	
	•	
10. Attached is an origin	nal certificate of gradatence, no more than 90 days old, duly authenticated by the official having custody of rec	andsin
the jurisdiction under the	nal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recell and which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a	ands in
the jurisdiction under the	rel certificate of existence, no more than 90 days old, duly suthenticated by the official having custody of rece e law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a ate under cash of the translator must be submitted.)	adsin
he jurisdiction under the panslation of the certific	e law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a	ands in
the jurisdiction under the panelation of the certific 11. Nature of busin	e law of which it is organized. (A photocopy is not acceptable. If the cartificate is in a fixeign language, a ate under oath of the translature must be submitted.)  ness or purposes to be conducted or promoted in Florida: Provides outsourced and in-	ands in
the jurisdiction under the panelation of the certific 11. Nature of busin	e law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fiveign language, a steurchrossin of the translatur must be submitted.)  ness or purposes to be conducted or promoted in Florida: Provides outsourced and in- sechnology products and services for the community bank and credit union markets.	adsin
the jurisdiction under the panelation of the certific 11. Nature of busin	e law of which it is organized. (A photocopy is not acceptable. If the cartificate is in a fixeign language, a ate under oath of the translature must be submitted.)  ness or purposes to be conducted or promoted in Florida: Provides outsourced and in-	adsin
the jurisdiction under the panelation of the certific 11. Nature of busin	elaw of which it is organized. (A photocopy is not acceptable. If the certificate is in a fiveign language, a steunder cash of the translatur must be submitted.)  ness or purposes to be conducted or promoted in Florida: Provides outsourced and intechnology products and services for the community bank and credit union markets.  Signature of a member of 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.)	2007
the jurisdiction under the panelation of the certific 11. Nature of busin	elawof which it is organized. (A photocopy is not acceptable. If the cartificate is in a fiveign language, a steurchrosin of the translatur must be submitted.)  ness or purposes to be conducted or promoted in Florida: Provides outsourced and in- mechnology products and services for the community bank and credit union markets.  Signature of a member of an authorized representative of a member.	2007
the jurisdiction under the panelation of the certific 11. Nature of busin	elaw of which it is organized. (A photocopy is not acceptable. If the certificate is in a fiveign language, a steunder cash of the translatur must be submitted.)  ness or purposes to be conducted or promoted in Florida: Provides outsourced and intechnology products and services for the community bank and credit union markets.  Signature of a member of 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.)	2007

9269848098

70:51 7005/21/1

## 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.

f name una	ology, LLC vailable, the alternate name	e to be used in the state of Florida is:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	· · · · · · · · · · · · · · · · · · ·		
. The name	and the Florida street add	iress of the registered agent and office are:	
	C T Corporation System		
		(Name)	
·	1200 South Pine Island Re Florida Stree	oad ot Address (P.O. Box NOT ACCEPTABLE)	_
	·	<del>-</del>	
	Plantation	FL 33324	<del></del>
ν		City/State/Zip	
ability comp gent and ag slating to the bligations of	vany at the place designated ree to act in this capacity. It is proper and complete perfet my position as registered to a system.	and to accept service of process for the above d in this cartificate, I hereby accept the appoin I further agree to comply with the provisions of formance of my duties, and I am familiar with a agent as provided for in Chapter 608, Florida Berbara A. Burka Special Assistant Secretary	tment as registered fall statutes und accept the
ability comp gent and ag elating to the bitgations of T Corporation	oany at the place designated ree to act in this capacity. I a proper and complete perfi f my position as registered ( na System	and to accept service of process for the above d in this certificate, I hereby accept the appoin I further agree to comply with the provisions o formance of my duties, and I am familiar with a agent as provided for in Chapter 608, Florida Berbara A. Burka	tment as registered fall statutes und accept the

PLOST - 09/14/2007 C T Pilling Manager Gallers

# Delaware

PAGE 3

### The First State

I, HARRIST SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AURUM TECHNOLOGY 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 SIXTH DAY OF NOVEMBER, A.D. 2007.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE HEEN FILED TO DATE.

20**4**3792 8300 0711**9**6839



Warriet Smith Winday, Socretary of State

AUTHENTICATION: 6138256

DATE: 11-06-07

2001 NOV 13 PM 12: 4

CHE STANDS THE STANDS THE STANDS