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SECRETARY OF STATE DIVISION OF CORPORATIONS

MO7-570044



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: PHACTS, LLC	wited Liebility Company)		
	(Name of Lif	mited Liability Company)		
Florid	nclosed "Application by Foreign Limited La," Certificate of Existence, and check are sty company to transact business in Florida	submitted to register the above referenced		
Please	return all correspondence concerning this	matter to the following:		
	May L. McCarthy			
	(N	lame of Person)		
	PHACTS, LLC.		07 NOV	SECR
	(F	irm/Company)	26	ETARY OF CO
	1023 NE 43rd Street		P	- 공유·
		(Address)	2: 45	RATIONS
	Seattle, WA 98105			
	(City/S	State and Zip Code)		
For fu	rther information concerning this matter, pl	lease call:		
	May L. McCarthy	at (206) 850-5880		
	(Name of Person)	(Area Code & Daytime Telephone N	lumber)	
	MAILING ADDRESS:	STREET ADDRESS:		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	ted is a check for the following amount: \$\sum \\$\\$\\$\$125.00 Filing Fee \$\sum \\$\\$\$130.00 Filing Fee & Certificate of		Fee, Certificate	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2007

MAY L. MCCARTHY PHACTS, LLC 1023 NE 43RD STREET SEATTLE, WA 98105

SUBJECT: PHACTS, LLC Ref. Number: W07000056044 SECRETARY OF STATIONS
DIVISION 26 PH 2: 45

We have received your document for PHACTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 107A00065801

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

	We, the undersigned, do hereby certify that we are the Managers and/or Managing
	Members of PHACTS LLC (Name of Limited Liability Company)
	a limited liability company duly organized and existing under the laws of
	(State of Country of Organization)
	Because the name of this foreign limited liability company does not satisfy the
	requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
	following name to transact business in the state of Florida:
	(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
	Date: 11-19.09
	Signature(s) of Manager(s) and/or Managing Member(s):
NO MBR	My Limelarty May Limelarthy
R	Thomas 6. McCarthy
	SECRE IVISION O7 NOV
	ON OF TARETAR
	S CORPORT PROPERTY OF THE PROP
	2: XXX

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.	(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
Ph	narmacy Automation Consulting Technologies, LLC. (both name	
co		
2	Washington State	
·	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4.	08-23-2007 5.	Perpetual
	(Date of Organization)	f which foreign limited liability 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") ate first transacted business in Florida, if prior to registration.) sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) pany is a manager-managed company, check here (Sireet Address of the managing members or managers are as follows: (arthur 1023 N2 43 ** St Sattle WA 98105) (cate of existence, no more than 90 days old, duly authenticated by the official having custody of records in which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
6.		
	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	o determine penalty liability)
7	1023 NE 43rd Street	PE DE COF
7.	a w w oros	P. P
	Seattle, WA 98105	Principal Offices
	·	/
8.	If limited liability company is a manager-managed co	ompany, check here
9.	The name and usual business addresses of the manage	ging members or managers are as follows:
m /oRm	May L. McCarthy 1023-N	e 43" St Seattle WA 98105
Member	Thomas G. McCartery 1023 N	12 43 re St Seattle WA 9810S
the tra	e jurisdiction under the law of which it is organized. (A photocopy instation of the certificate under oath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a tted.)
	(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury May L. McCarthy	orzed representative of a member. , the execution of this document constitutes y that the facts stated herein are true.)
	Typed or printed n	iaine 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.

PRACTS, LLC.				10-410-1-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1	
If name unavailable, the alternate name to be used in the state of Florida is:					
Pharmony Automation Con-	ulting Technologies, LL	C. (both names are registered in V	VA abouty)		
2. The name and the FI	orida street address o	of the registered agent and of	ffice are:	07	DIVÎ
	ст	Corporation System		AON	DIVISION
(Name)			26	OF C	
	1200 8	leath Pine Island Road		P	ORP(
Florida Street Address (P.O. Box NOT ACCEPTABLE))	5.	OR AT	
	Plantation	FL 33	324	£5	CORPORATIONS
		City/State/Zip			

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Molly Yockey Assistant Secretary

\$ 199.00 Filing Fee for Application 25.00 Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

PHACTS, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 8/23/2007

UBI Number: 602-756-694

APPID: 937419

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



SECRETARY OF STATE DIVISION OF CORPORATION

FILED SECRETARY OF STATE SAM REED

August 23, 2007

STATE OF WASHINGTON

08/23/07 1123259-001 \$195.00 K #24675 #d:135500#

CERTIFICATE OF FORMATION OF PHACTS, LLC

- 1. Name of the Company. The name of the limited liability company (the "Company") is PHACTS, LLC.
- 2. <u>Registered Office: Agent.</u> The address of the registered office and the name and address of the registered agent for service of process of the Company shall be:

JGB Service Corporation 600 University Street Suite 3600 Seattle, WA 98101

- 3. <u>Principal Place of Business</u>. The principal place of business of the Company shall be located at 1023 NE 43rd Street, Seattle, Washington 98105, or such other place or places as the Member may from time to time designate.
 - 4. <u>Dissolution</u>. The Company shall have perpetual existence.
 - 5. <u>Management</u>. The management of the Company is vested in the Manager.
 - 6. <u>Formation</u>. This certificate of formation for the Company is executed by:

Geoffrey G. Revelle 600 University Street Suite 3600 Seattle, WA 98101

This document is hereby executed under penalty of perjury and is, to the best of the undersigned's knowledge, true and correct.

DATED this 21st day of August, 2007.

Geofficy G. Revelle, Organizer

7 MUY 25 PM 2:45

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