# M08000001725

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

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T. HAMPTON

APR 1 0 2008

**EXAMINER** 

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: IHS Florida,LLC	
· · · · · · · · · · · · · · · · · · ·	nited Liability Company)
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this r	natter to the following:
Jeff Kruse	
(Na	ame of Person)
IHS Florida,LLC	·
(Fi	rm/Company)
7000 SW Hampton St.	, Suite 219
	(Address)
Portland, OR 97223	
(City/S	tate and Zip Code)
For further information concerning this matter, ple	ease call:
Jeff Kruse	at (503 ) 670-9980
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	Tallallassee, PL 32301
Enclosed is a check for the following amount:  \$\sum_\$125.00 \text{Filing Fee} \text{\$\sum_\$\$130.00 \text{Filing Fee} & Certificate o}\$	\$155.00 Filing Fee & \$\square \frac{1}{3}\$160.00 Filing Fee, Certificate  f Status Certified Copy of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

08 APR -9 PM 2: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 3, 2008

JEFF KRUSE 7000 SW HAMPTON ST STE 219 PORTLAND, OR 97223

SUBJECT: IHS FLORIDA, LLC Ref. Number: W08000017223

We have received your document for IHS FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe 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 alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is P04000022601 (IHS CORP).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 108A00019704

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

We, the undersigned	ed, do hereby certify t	that we are the Managers and/or Managing	3
Members of	IHS FLOR	RIDA, LLC	
	(Name of Li	imited Liability Company)	<u> </u>
a limited liability c	ompany duly organiz	zed and existing under the laws of	
OREG		<u>.                                    </u>	
(State	or Country of Organization)		
Because the name	of this foreign limited	d liability company does not satisfy the	
requirements of the	e s. 608.406, F.S., the	e limited liability company hereby adopts to	he
following name to	transact business in the	he state of Florida:	
IHS S	SOLUTIONS FLO	ORIDA, LLC	_
(Name to be used by lim Company, L.L.C., or LL		orida. NOTE: Name must end with Limited Liability	•
Date: 4/02	8/08		
Signature(s) of Ma	nager(s) and/or Mana	aging Member(s):	
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#### 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 IHS Florida.LLC

1. IHS Florida,LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	3.")
IHS Solutions Florida, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Company," "L.L.C.," "LLC.")	
<sub>2.</sub> Oregon <sub>3.</sub> 51-0672684	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 3/24/08 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	cease to
6. NA	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 4175 East Bay Drive, Ste. 248	
Clearwater, FL 33764	80 Sivid
(Street Address of Principal Office)	PR PR
8. If limited liability company is a manager-managed company, check here	FIL OF C
6. If finited habitity company is a manager-managed company, check note	<b>3</b>
9. The name and usual business addresses of the managing members or managers are as follows:	STA ORA
Jeff Kruse	#80 H
7000 SW Hampton St., Ste.219	
Portland, OR 97223	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having customerized in under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under eath of the translation must be submitted.)	juage, a
11. Nature of business or purposes to be conducted or promoted in Florida: Employment	Agency
MU	<u></u>
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.)	
loff Kruso	

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:
IHS Flor	rida,LLC
If name unav	vailable, the alternate name to be used in the state of Florida is:
IHS Sol	utions Florida,LLC
2 The name	and the Florida street address of the registered agent and office are:
D. THE HAME	and the Florida Street address of the registered agent and office are.
	Clint Kruse
	(Name)
	4175 East Bay Drive, Ste.248
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Clearwater,FL 33764 <sub>FL</sub>
	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)

\$ 5.00 Certificate of Status (optional)

DIVISION OF CORPORATIONS

OR APR - 9 PM 2: 1.8

#### **CERTIFICATE**

## State of Oregon

### OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### IHS FLORIDA,LLC

was

organized

under the Oregon

Limited Liability Company Act

on

March 26, 2008

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

 $B_{\lambda}$ 

Marilyn R. Smith

March 26, 2008