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SECRETARY OF STATE

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M. THOMAS

JAN 2 6 2009

EXAMINER

COVER LETTER

Registration Section

Division of Corporations		
SUBJECT: Gemvision Corporation, LLC		
	ed Liability Company)	
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited	
Please return all correspondence concerning this mat	ter to the following:	
Jason Patten		
(Name	e of Person)	
Gemvision Corporation, LLC	PS J	>
(Firm	/Company)	CO 18 00
P. O. Box 87777		ر م
A)	Address)	PK -: -
Lafayette, LA 70598-7777	<u>Б</u> П	0
(City/State	e and Zip Code)	
For further information concerning this matter, pleas	e call:	
Jason Patten	at (337) 262-7700 Ext 4932	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
•	Division of Corporations	
	Clifton Building	
• • • • • • • • • • • • • • • • • • • •	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: [\$125.00 Filing Fee	\$155.00 Filing Fee & \$\Bigsquare\tau\\$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy	y

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATLIFES THE FOLLOWING IS SUBMITTED TO RECISTER A FOREY.

1. Gemvision Co		lude	"Limited Liability Company," "L.L.C.," or "LLC	.")		
	r managing members adopting the alt		of transacting business in Florida and attach a copy ate name. The alternate name must include "Limite		i te n	
Delaware		3	26-3856620			
(Jurisdiction under the l company is organized)	aw of which foreign limited liability	٥.	(FEI number, if applicable)			
4. 11/20/08		5.	Perpetual			
(Date of	Organization)	٠.	(Duration: Year limited liability company will ce exist or "perpetual")	ease to		
6. 1/31/08						
	(Date first transacted business in F (See sections 608.501 & 608.502 F.)	lori S. to	da, if prior to registration.) o determine penalty liability)	<u></u>		
7. 302 Rue Loui	s XIV					
Lafayette, LA	70508				0	
		s of	Principal Office)		ال 9	
8. If limited liability	company is a manager-manage	d c	ompany, check here	SYAH WING	09 JAN 23	7
9. The name and usua	al business addresses of the ma	nag	ging members or managers are as follows:		or X	
SS Swest, Inc	c. 302 Rue Lo	ui	s XIV Lafayette, LA 70508	OF STATE	1:10	
Jeffrey L. Hig	h 706 E River	. D	Prive Davenport, IA 52803	<u>Ş</u> π	5	
						
the jurisdiction under the la		руi	ys old, duly authenticated by the official having custon is not acceptable. If the certificate is in a foreign langu- tted.)		sin	
11. Nature of busines	s or purposes to be conducted of	or g	promoted in Florida: Retail sales of cus	tomized		
computer soft		•	1			
	\sim			•		
		F.S.	norized representative of a member. the execution of this document constitutes that the facts stated herein are true.			
	• •		GATE2 ID on behalf of Si	5 Sues	t, In	૮,
	Typed or printe	d n	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 Compa	any is:	
Gemvision Co	rporation, LLC		
If name unavailable	e, the alternate name to be	e used in the state of Florida is:	
2. The name and the	ne Florida street address o	of the registered agent and office are:	
C	hristopher C. Glase	ər	09 J
		(Name)	JAN 23 EONETAB LLAHASS
83	341 Coral Drive		?Τι <i>−</i> <
	Florida Street Add	ess (P.O. Box <u>NOT</u> ACCEPTABLE)	PA PA
Ft	Myers, FL 33967	FL	STATE LORIDA
		City/State/Zip	
liability company at agent and agree to a relating to the prope	the place designated in th act in this capacity. I furth er and complete performa	o accept service of process for the above stated lins certificate, I hereby accept the appointment as ner agree to comply with the provisions of all statence of my duties, and I am familiar with and accent as provided for in Chapter 608, Florida Statutes.	registered utes pt the
	\$ 100.00	Filing Fee for Application	
	\$ 25.00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)	
	ւր ՀՄԿՄՄ	caratica copy (obstains)	

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEMVISION CORPORATION, L.L.C." 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 THIRTEENTH DAY OF JANUARY, A.D. 2009.

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

4625278 8300

090027921

AUT.

Warriet Smith Hindson, Secretary of State

AUTHENTICATION: 7079549

DATE: 01-13-09

You may verify this certificate online at corp.delaware.gov/authver.shtml