# M09000001753

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(Address)	
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PICK-UP WAIT MAIL	
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**EXAMINER** 



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

May 11, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 PILEU 3: 35
TALLAHASSEE, FLORIDA

Re:

Order #: 7542487 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

e5 Solutions Group, LLC (PA) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## APPLICATION BY FOREIGN LIMITED 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 HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

e5 Solutions Group LLC	ALIVOI PIANUIZI.
(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternation company," "L.L.C.," "LLC.")	
<b>.</b> ,	23 3071971
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
s. <u>8/28/2008</u>	
(Date first transacted business in Florid (See sections 608,501 & 608,502 F.S. to	da, if prior to registration.) determine penalty liability)
107 Chesley Drive, Bldg 3	
Media, PA 19063	, SSE CED
(Street Address of	Principal Office)  ompany, check here
8. If limited liability company is a manager-managed co	ompany, check here
D. The name and usual business addresses of the manag	ing members or managers are as follows:
Members: Peter Wolf, Jaime Ryan, Joseph Linco	
Rusinass Address for all Mambara: 107 (	Chapley Drive Plda 3 Madia DA 10063
Business Address for all Members: 107 (	chesiey brive, blug 3, Media, FA 19003
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is ranslation of the certificate under eath of the translator must be submitted.	snot acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	romoted in Florida:
Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury	
Joseph Lincoln, Member	•

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.

<ol> <li>The name of the Lim</li> <li>Solutions Group</li> </ol>		y is:	
If name unavailable, the	alternate name to be u	sed in the stat	e of Florida is:
2. The name and the Flo	orida street address of t	the registered	agent and office are:
СТС	orporation Syste	M (Name)	
1200	South Pine Is		
Plan	Florida Street Address	FL	33324
		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.

STEVEN P. ZINGSP SPECIAL ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**APRIL 22, 2009** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### **E5 SOLUTIONS GROUP, LLC**

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Secretary of the Commonwealth** 

Certification Number: 8020391-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp