M v9000003199

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

Office Use Only



400159059264

B. KOHR

AUG 18 2009

EXAMINER



File

| ייידעדוטייט ע | NTO | |
|---------------|-----|--|

ACCOUNT NO. : 12000000195

REFERENCE :

096652

4304954

AUTHORIZATION .

COST LIMIT

ORDER DATE: August 14, 2009

ORDER TIME :

1:23 PM

ORDER NO. : 096652-010

CUSTOMER NO:

4304954

Please give original submission date as file date.

FOREIGN_FILINGS

NAME: XCOVERY HOLDING COMPANY LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:



August 17, 2009

MATTHEW YOUNG CSC TALLAHASSEE, FL

SUBJECT: XCOVERY HOLDING COMPANY LLC

Ref. Number: W09000037112

We have received your document for XCOVERY HOLDING COMPANY LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

As discussed, the list of MANAGERS was not included with the filing.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 109A00027896

Please give original

submission date as file date.

ALC IN PAR. 15

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:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST | TATE OF FLORIDA: |
|--|---|
| 1. XCovery Holding Company LLC | |
| (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 alternate Company," "L.L.C.," "LLC.") | |
| 2 Delaware | 27-0730521 |
| (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") |
| | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| 6 | da, if prior to registration.) |
| (See sections 608.501 & 608.502 F.S. to | determine penalty hability) |
| 7. 501 S. Flagler Drive, Suite 501 | |
| West Palm Beach, FL 33401 | Principal Office) |
| (Street Address of | Principal Office) |
| 8. If limited liability company is a manager-managed co | |
| 9. The name and usual business addresses of the manag | ing members or managers are as follows: |
| See attached list. | |
| | |
| | |
| | |
| | |
| 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 | |
| translation of the certificate under oath of the translator must be submit | |
| A | remoted in Florida. Any lawful act or activity |
| 11. Nature of business or purposes to be conducted or p | folioled in Florida. |
| for which limited liabilty companies may be o | organized under Florida law. |
| $N \lambda_0 \lambda_0$ | |
| Signature of a member or an author | orized representative of a member. |
| (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury | , the execution of this document constitutes |
| Sheridan S. Snyder | mat the later states helem are true.) |
| Typed or printed n | ame of signee |

XCovery Holding Company LLC

Attachment to Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

9. The name and business address of the managers of the company.

| Name | Address |
|--------------------|--|
| Sheridan G. Snyder | 501 S. Flagler Drive, Suite 501 West Palm Beach, FL 33401 |
| Chris Liang | 501 S. Flagler Drive, Suite 501 West Palm Beach, FL 33401 |

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.

| XCovery | Holding Company LLC |
|-------------|--|
| If name una | vailable, the alternate name to be used in the state of Florida is: |
| 2. The nam | e and the Florida street address of the registered agent and office are: |
| | Corporation Service Company |
| | Corporation dervice Company |
| | (Name) |
| | |
| | (Name) |
| | (Name) 1201 Hays Street |

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.

Corporation Service Company
BY:

(Signature)

Matthew Young as its agent

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XCOVERY HOLDING COMPANY 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 THIRTEENTH DAY OF AUGUST, A.D. 2009.

DATE: 08-13-09

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 7474532