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TALLAHASSEE, FLORIDA

B. KOHR

AUG 31 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 110726 4304954

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 28, 2009

ORDER TIME : 12:59 PM

ORDER NO. : 110726-020

CUSTOMER NO: 4304954

FILED  
09 AUG 31 PM 2:45  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: XCOVERY LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER: \_\_\_\_\_

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30  
business days to correct the attached articles of organization or application to transact business  
in Florida.

**FIRST:** The name of the limited liability company is:  
Xcovery LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

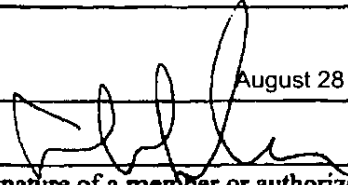
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The capitalization in the name of the company is incorrect. The name of  
the company should read: Xcovery LLC.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 28, 2009

  
Signature of a member or authorized representative of a member  
Sheridan G. Snyder

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

FILED  
09 AUG 31 PM 2:45  
TALLAHASSEE FLORIDA

# Delaware

PAGE 1

*The First State*

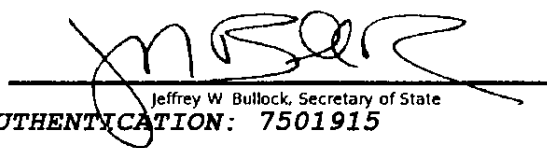
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF CORRECTED CERTIFICATE OF FORMATION OF "XCOVERY LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2009, AT 4:11 O'CLOCK P.M.

4719700 8101

090818596

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7501915

DATE: 08-31-09

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:19 PM 08/28/2009  
FILED 04:11 PM 08/28/2009  
SRV 090818596 - 4719700 FILE

**State of Delaware  
Corrected Certificate of Formation  
of XCoverly LLC  
to be filed pursuant to Section 18-211(b)**

1. The name of the Limited Liability Company is Xcoverly LLC (the "Company").
2. The Company filed a Certificate of Formation (the "Certificate") with the Secretary of State of Delaware on August 11, 2009, and said Certificate requires correction as permitted by Section 18-211(b) of the Limited Liability Company Act.
3. The inaccuracy or defect of said Certificate is that the capitalization of the name of the company throughout the Certificate is incorrect.
4. The corrected Certificate is attached hereto.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Correction on the 28<sup>th</sup> day of August 2009.

/s/ Sheridan G. Snyder  
Sheridan G. Snyder  
Authorized Signatory

**CERTIFICATE OF FORMATION**  
**OF**  
**XCOVERY LLC**

The undersigned, being an authorized person, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, Chapter 18, Title 6, Delaware Code, Section 18-101 et seq. (the "Act"), hereby certifies, pursuant to Section 18-201(a) of the Act, that:

1. Name of Limited Liability Company. The name of the limited liability company (the "Company") is:  

Xcovery LLC
2. Registered Office and Agent. The address of the Company's registered office in the State of Delaware is: c/o Corporation Service Company, 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle 19808. The name and address of the Company's registered agent for service of process are: Corporation Service Company, 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808.
3. Term. The Company is to have perpetual existence, unless sooner dissolved by agreement of the Members or by operation of law.

This Certificate of Formation is duly executed and filed pursuant to the provisions of Section 18-201 of the Act.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Xcovery LLC this 11<sup>th</sup> day of August 2009.

/s/ Sheridan G. Snyder  
Sheridan G. Snyder  
Authorized Signatory

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. XCoverly 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 of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0730805

(FEI number, if applicable)

4. 08/11/2009

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 501 S. Flagler Drive, Suite 501

West Palm Beach, FL 33401

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

See attached list.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful act or activity  
for which limited liability companies may be organized under Florida law.

  
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.)

Sheridan G. Snyder

Typed or printed name of signee

FILED  
09 AUG 14 PM 4:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**XCoverly 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.

<b>Name</b>	<b>Address</b>
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.

1. The name of the Limited Liability Company is:

XCover LLC

If name unavailable, the alternate name to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

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.*

Corporation Service Company

**Matthew Young**  
as its agent

BY: 

(Signature)

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

# Delaware

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*The First State*

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

4719700 8300

090771447

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7472350

DATE: 08-12-09