## MU9UU 0004066

| (Requestor's Nan                        | ne)            |  |  |  |
|---|----------------|--|--|--|
| (Address)                               |                |  |  |  |
| (Address)                               |                |  |  |  |
| (City/State/Zip/Ph                      | one #)         |  |  |  |
| PICK-UP WAIT                            | MAIL           |  |  |  |
| (Business Entity l                      | Name)          |  |  |  |
| (Document Number)                       |                |  |  |  |
| Certified Copies Certification          | ates of Status |  |  |  |
| Special Instructions to Filing Officer: |                |  |  |  |
|   |                |  |  |  |
|   |                |  |  |  |
|   |                |  |  |  |

Office Use Only



200161425882

DE LOS MONOSES FLORIDA

SECEIVED SECEIVED

09 OCT | 4 PM 4: 11

**B. KOHR**0CT 14 2009

**EXAMINER** 

#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395



DATE:

10-14-09

NAME:

QUALITY TECHNOLOGY SERVICES HOLDING, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

**COST:** \$125

**RETURN:** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Moderal

# OBOCI IN PAN 1.18

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |  |  |  |
|--|---|--|--|--|--|
| SUBJECT: Quality Technology  | Services Holding, LLC   |  |  |  |  |
|  | ited Liability Company)   |  |  |  |  |
|  | ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited |  |  |  |  |
| Please return all correspondence concerning this n   | natter to the following:  |  |  |  |  |
|  | neva Sorensen   |  |  |  |  |
| (Na  | ame of Person)  |  |  |  |  |
|  | a Corporate Filings Team  |  |  |  |  |
| (Fin   | rm/Company)   |  |  |  |  |
| 800 Br   | azos, Suite 400   |  |  |  |  |
|  | (Address)   |  |  |  |  |
| Austin.  | Texas 78701   |  |  |  |  |
|  | ate and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:   |   |  |  |  |  |
| Geneva Sorensen  | at (800 ) 345-4647  |  |  |  |  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)  |  |  |  |  |
| MAILING ADDRESS:   | STREET ADDRESS:   |  |  |  |  |
| Division of Corporations   | Division of Corporations  |  |  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314   | Clifton Building 2661 Executive Center Circle   |  |  |  |  |
| taliminasee, FL 32514  | Tallahassee, FL 32301   |  |  |  |  |
| Enclosed is a check for the following amount:  \$\overline{\pi}\$\$ \$125.00 Filing Fee & Certificate of | □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Status Certified Copy of Status & Certified Copy        |  |  |  |  |



#### 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:

| l  | Quality Technolog   | y Services Hole                             | ling, LLC                 |                    |                                       |
|--|---|---|---------------------------|--------------------|---------------------------------------|
| (Name of Foreign Limit   | ed Liability Company; must i  | include "Limited i                          | Liability (               | Company," "L.L.C   | .," or "LLC.")                        |
| If name unavailable, enter alte-<br>consent of the managers or mar<br>Company," "L.L.C.," "LLC.")          |   |   |                           |                    |                                       |
| Delaware     (Jurisdiction under the law or<br>company is organized)                                       | f which foreign limited liabili   | 3. <u>N/A</u>                               | (FE)                      | number, if applica | ble)                                  |
| September 19, 2006<br>(Date of Orga  | nization)   |   |                           |                    | pany will cease to                    |
| . Upon Ming  |   | - Feb - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |                           |                    |                                       |
| (See   | ate first transacted business in<br>sections 608.501 & 608.502                            | F.S. to determine                           | to registra<br>penalty li | tion.)<br>ability) |                                       |
| 7. 12851 Foster Street, Suite 205  | Over  | land Park                                   |                           | KS                 | 66213                                 |
|  |   |   |                           |                    |                                       |
| <u> </u>   | (Street Addi  | ress of Principal C                         | Office)                   |                    |                                       |
| . The name and usual but   | Member and Manager  | _ •   |                           | nanagers are as    | follows:<br>K8 66213                  |
| Made D. Maddlesson   | Mandani Marane  |   | . 0 100                   |                    | 1/0 000/0                             |
| Mark D. Waddington   | Member and Manager  | 12651 Foster Stree                          | t, 8te 205                | Overland Park      | KS 66213                              |
|  | Man Saption Co.   |   |                           |                    |                                       |
| O. Attached is an original certific<br>to jurisdiction under the law of variation of the certificate under | vhich it is organized. (A photo   | copy is not accept:                         |                           |                    |                                       |
| 1. Nature of business or p   | surposes to be conducted  | i or promoted i                             | in Florid                 | a:                 | · · · · · · · · · · · · · · · · · · · |
| To engage in any lawful  | activity in the State of Fk   | orida.                                      |                           | ·                  | <del></del> •                         |
| Sign   | 7/11/1/   | 110   | <b>-</b>                  |                    |                                       |
|  | atura of a mambar or an   | · Le  | s V                       | ve of a mamba      | <del>-</del>                          |
| an afi   | ature of a member or an cordance with section 608,408(3 immation under the penalties of p | ), F.S., the execution                      | n of this do              | cument constitutes | <del>r</del> .                        |
|  | cordance with section 608.408(3<br>irmation under the penalties of p<br>L. Williams       | ), F.S., the execution                      | n of this do              | cument constitutes | -<br>r.<br>-                          |

#### 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 Lin  | nited Liability Compan  | ıy is:  |   |   |  |  |
|---|---|---|---|---|--|--|
| Quality Technology Services Holding, LLC  |   |   |   |   |  |  |
| If name unavailable, the  | alternate name to be  | used in the state   | of Florida is:  |   |  |  |
| 2. The name and the Fl  | orida street address of   | the registered a  | gent and office are:  |   |  |  |
|   | Capitol Co  | orporate Services<br>(Name)   | , Inc.  |   |  |  |
|   | 155 Office<br>Florida Street Addres   | e Plaza Dr., Suit<br>ss (P.O. Box <u>NOT</u>                                    | e A<br>(ACCEPTABLE)   | <del></del>   |  |  |
|   | Tallahassee   | FL  | 32301   |   |  |  |
|   |   | City/State/Zip  |   |   |  |  |
| Ilaving been named as reliability company at the pagent and agree to act in relating to the proper an obligations of my position. | place designated in this<br>this capacity. I further<br>d complete performanc<br>n as registered agent as | certificate, I he<br>r agree to compi<br>e of my duties, a<br>s provided for in | reby accept the appo<br>ly with the provisions<br>nd I am familiar with | intment as registered<br>of all statutes<br>In and accept the<br>la Statutes. |  |  |

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

### Delaware

DAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUALITY TECHNOLOGY SERVICES

HOLDING, 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 FOURTEENTH DAY

OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALITY TECHNOLOGY SERVICES HOLDING, LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4222369 8300

090853169

AUTHENTY CATION: 7525313

DATE: 09-14-09

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