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To:

Division of Corporations

Fax Number

: (850)-617-6383

From:

Account Name

: HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

: (302)645-7400

Phone Fax Number

: (302)645-1280

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA/FOREIGN LIMITED LIABILITY CO. Agile SDE, LLC

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J. BRYAN

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NOV 2 0 2009

EXAMINER

COVER LETTER

	Acilo SDE LLC
SUBJECT:	Agile SDE, LLC Name of Limited Liability Company
The enclosed "A Existence, and c	application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all	correspondence concerning this matter to the following:
	Paul Sponaugle
•	Name of Person
	Harvard Business Services, Inc.
	Firm/Company
	16192 Coastal Hwy
	Address
	Harvard Business Services, Inc. Firm/Company 16192 Coastal Hwy Address Lewes, DE 19958
	City/State and Zip Code
	dpatel@agilesde.com
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
	Paul Sponaugle at (302) 644-6263
 	Name of Person Area Code & Daytime Telephone Number
Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 SSEC, FL 32314 SSEC, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
\$125	.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex

			H)))	09000244335 3)))
APPI	ICATION BY FOREIGN TI	LIMITED LIABILITY RANSACT BUSINESS		HORIZATION TO
	LANCE WITH SECTION 608503. IABILITY COMPANY TO TRANSAC			TO REGISTER A FOREIG
. .		Agile SDE, LL	C	
(Na	me of Foreign Limited Liability (Company; must include "Limi	ted Liability Company," "L.L.C	.,".or."LLC.")
	The second secon		Surface Control of the Control of th	<u> </u>
consent of	navailable, enter alternate name at the managers of managing memb ""L.L.C," "LLC.")	dopted for the purpose of tran ers adopting the alternate nan	sacting business in Florida and ne. The alternate name must inc	attach a copy of the writt ade "Limited Liability
2	Delaware	3.	90-0524093	
(Jurisdic	tion under the law of which foreign is organized)	gn limited liability	(FEI number, if applie	able)
	November 2, 2009		narnatual	
4.	(Date of Organization)		perpetual ation: Year limited liability con	pany will cease to
		exist	or "perpetual")	
6. No bu	usiness transacted in Flor	ida prior to registration		
	(Date first trans (See sections 608	acted business in Florida, if p .501 & 608.502 P.S. to determ	rior to registration.) nine penalty liability)	260
- 1925	N.Highway A1A, #303			22 O
/, 1000	N.Highway ATA, #303			- 2
India	lantic, FL 32903	Appendix Control of the Control	the second of the second	SERVE TO
		(Street Address of Princip	pal Office)	79 3
8. If limi	ted liability company is a m	anuger-managed compar	ny, check here	10 S.
· · · · · · · · · · · · · · · · · · ·				器。
9. The m	ame and usual business addr	esses of the managing m	embers or managers are as	follows
Daks	sha A. Patel			
·				
1835	N.Highway A1A, #303		· · · · · · · · · · · · · · · · · · ·	
India	lantic, FL 32903			
111010				
10. Attache	ed is an original certificate of existen	ce, no more than 90 days old, c	halv authenticated by the official 1	raving custody of records
the jurisdict	ion under the law of which it is org	nnized. (A photocopy is not ac	coptuble. If the certificate is in a t	oreign language, a
translation	of the certificate under outh of the ta	anslatormust be submitted.)		
II Nato	re of business or purposes to	he conducted or promot	ted in Filorida	
***************************************	Secu	ire Enterprise Integrati	on Services	gramming on the consequent with a state of the state of t
	Drik	sha Patr		
		as and an an analysis of	representative of a memb	'
	(In accordance with	section 608.408(3), F.S., the exe	cution of this document constitutes	
	(In accordance with		cution of this document constitutes facts stated herein are true.)	

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

FLORIDA	
1. The name of the Limited Liability Company is:	
Agile SDE, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
	0
2. The name and the Florida street address of the registered agent and office are:	NOV 19
Daksha A. Patel	/
(Name) 1835 N.Highway A1A, #303	A 8: 28
Florida Succt Address (P.O. Box <u>NOT ACCEPTABLE)</u> Indialantic, FL 32903	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated limitability company at the place designated in this certificate. Thereby accept the appointment as reagent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	egistered es
Dalsha tatal (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

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILE SDE, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILE SDE, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2009.

O9 NOV 19 AM 8: 28
SECRETARY OF STATE
FALLAHASSEF, FI OBIE,

4748600 8300

091031385



AUTHENTICATION: 7651335

DATE: 11-19-09