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To:

Division of Corporations

Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)222-1092 : (850)878-5368

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Email Address:

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Qimonda Licensing LLC

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T. CLINE

DEC 2 1 2009

### COVER LETTER

TO: Registration Section

Division of Car	porations		
SUBJECT:	Qime	onda Licensing LLC	
		ame of Limited Liability Company	
		ability Company for Authorization to Trunsact Business in Fabove referenced foreign limited fiability company to transa	
lesse return all correspo	ondence concerning this n	namer to the following:	
		Brian Prather	
<del></del>		Name of Person	ZIBS DEC
		Qimonda Licensing LLC	
		Firm/Company	
	101	NE 3rd Avenue, Suite 1500	<u> </u>
		Address	19.
		t. Lauderdele, FL 33301	55 9
<del></del> , -		City/State and Zip Code	- 35. 5.
		ian.prather@qimonda.com	P#
	E-mail address:	(to be used for future annual report notification)	
on further information c	onceming this matter, ple	gase coll;	
	Brian Prather_	at (954 ) 332 3683	
	Name of Person	Area Code & Daytima Telaphoge Number	<del></del>
MALLING AD Division of Cor Registration Set P.O. Box 6327 Tallahussoc, Fl.	porations tipn	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2601 Executive Conter Circle	
Enclosed is a check	for the following simons for the following sim	ing Fee & []\$155.00 Filing Fee & []\$160.00 Filing	Fee, Cartificate Centified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Poreign Limited Liability Company	onda Licensin must belude "Limi	ied Liebility Company," "L.L.C.," or "LLC	(17)
(Halle of the Bullion promise assignment)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ame unevailable, enter alternate name adopted fo	r the purpose of tran	noting business in Florida and attach a cor	y of the
int of the managers or managing members adopt early," "L.L.C." "LLC.")	ing the alternate nor	s. The alternate name must include "Limit	ed Lishi
State of Delaware	3	27-1209198 (FEI number, if applicable)	
mpany is organized)	a neorary	(TECHNOLOGIC approximation)	
October 8, 2009	4	Perpetual	
(Date of Organization)	(Dur	ation: Year limited liability company will o	OLDERO
	4×1fc	otbesbaccim)	
Not Applicable	Tarini ta Birana 1975		
(Date first transacted bits (See sections 608.501 & 6	108.502 F.S. to determ	ine penalty ((ability)	
101 NE 3rd Avenue, Suite 1500			C2 - 4
71110010101001			
Ft. Lauderdale, FL 33301			<u>, iii, , , , , , , , , , , , , , , , , </u>
(Stre	et Address of Princip	al Offica)	- <del>(</del> -5)
f limited liability company is a manager-	managed compar	v. check here	
stitute incited domparty to a round	manger compa	,, ———————————————————————————————————	
The name and usual business addresses of	f the managing in	embers or managers are as follows:	
Brian Prather and Ulrich Hotz (Mang-	ora i		
Briain Fractian and Cinch How (Many)	htp)		
101 NE 3rd Avenue, Suite 1500			
Ft. Lauderdale, FL 33301			
I I. Eddychale, ( E door)			
		والمستروب والمراجع والمناطق المتراث والمتراث والمتراث والمتراث	
Americal is an original certificate of existence, no ma			
Attrached is an original certificate of existence, no ma irisdiction under the law of which it is organized. (	A photocopy is not ac		
Americal is an original certificate of existence, no ma	A photocopy is not ac		
Numbed is an original certificate of existence, no ma inscisoion under the law of which it is organized. (I lating of the certificate under cath of the translator of	A photocopy is not ac nust be submitted.)	centable. If the certificate is in a foreign lang	
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## 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 Limite	d Liability Compa	my is:	
<del></del>	Qimonda	Licensing LLC	
If unavailable, the alternace	to be used in the	state of Florida is:	
2. The name and the Floris	da street address o	f the registered agent and office ar	D:
	CT CC	rporation System	
<del></del>		(Name)	— FEC 55
	1200 Soi	ith Pine Island Road	
p.	Florida Street Addr	ess (P.O. Box NOT ACCEPTABLE)	
	Planta	ation, FL 33324	
		City/State/Zip	
liability company at the place agant and agree to act in the relating to the proper and a	ce designated in the is capacity. I furth omplete performants registered agent	accept service of process for the ab is certificate, I hereby accept the appearance to comply with the provision ace of my duties, and I am familiar was as provided for in Chapter 608, Flor	ove stated limited pointment as registered nt of all statutes hith and accept the
en Proposition	\$ 100.00 \$ 25.00 \$ 30.00 \$ .5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	i.

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QIMONDA LICENSING 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2009.

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

2009 DEC 18 AM 8: 46
SECRETARY OF STAIL
TALL AHASSEE, FLORID

4740656 8300

091112174

AUTHENTICATION: 7707472 DATE: 12-17-09

Jeffrey W. Bullock, Secretary of State

You may verify this cartificate unline at corp.delaware.gov/authver.shtml