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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 28 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIRECT 500, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:

MARY MCCOLLUM  
Name of Person

DIRECT 500, LLC  
Firm/Company

2214 COMMERCIAL DRIVE  
Address

MONROE, NC 28110  
City/State and Zip Code

MARY.MCCOLLUM@ACCUPOINT.CM  
E-mail address: (to be used for future annual report notification)

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10 JAN 28 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARY MCCOLLUM at ( 704 ) 290-5442  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, 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    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. DIRECT 500, 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. NORTH CAROLINA 3. 27-1515823  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12-18-09 5. PERPETUUM  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 2214 COMMERCE DRIVE  
MONROE, NC 28110  
(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:

WILLIAM EDWARDS & DAVID BRANNAN  
2214 COMMERCE DRIVE  
MONROE, NC 28110

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: \_\_\_\_\_

SOFTWARE DEVELOPMENT, PROGRAMMING & CONSULTING

William R. Edwards  
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.)

William R. Edwards  
Typed or printed name of signee

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10 JAN 28 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

DIRECT SWO, LLC

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

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

WEL NATHANSON

(Name)

6187 NW 16TH ST. Suite H-

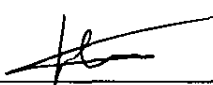
Florida Street Address (P.O. Box NOT ACCEPTABLE)

MIAMI LAKES FL 33015

City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
(Signature)

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



# NORTH CAROLINA

## Department of The Secretary of State

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### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **DIRECT 500, LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 18th day of December, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of January, 2010.

*Elaine F. Marshall*

Secretary of State





# North Carolina Department of The Secretary of State

Invoice Number: 9914822

Invoice Date: 1/8/2010 12:15:27 PM

## Billing Information

Direct 500, LLC  
2214 Commerce Drive  
Monroe, NC 28110

Contact: <sup>Mary</sup> May McCollom

Account Type: Payment upon Delivery  
Ship Via: Mail

## Invoiced Items

Description	Certificate Number	Customer Reference	Qty	Pages	Item Cost	Sub Total	Amount Due
Existence Direct 500, LLC - Limited Liability Company	89803333	(704) 290-5442	1	1	\$15.00	\$15.00	\$15.00
							\$15.00

### Make check payable to:

NC Secretary of State

### Include Invoice Number on all remittance and send to:

Secretary of State  
Cash Management  
PO Box 29622  
Raleigh, NC 27626

### To discuss payment call:

Cash Management (919)807-2017

### To discuss items ordered call:

Orders Section (919)807-2040

Notice: This invoice is due and payable no later than 30 days from 1/8/2010. Failure to pay the entire invoice within the time described will result in an interest charge of 5% per year until the invoice is paid, as mandated by G.S. 147-86.23. An additional 10% penalty for late payment shall also be due on invoices not paid within 30 days.

There will be a \$25.00 processing fee for all returned checks.

I HAVE ATTACHED A COPY  
OF THE INVOICE FOR ORIGINALLY  
THE CERTIFICATE OF EXISTENCE  
AS EVIDENCE THE ENCLOSED  
IS AN ORIGINAL DOCUMENT  
FROM THE SECRETARY OF  
STATE