

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

DEC - 8 2010

EXAMINER



200188239792

12/07/10--01033--004 **125.00

12/07/10--01033--005 **638.75

SECRETARY OF STATE

10 DEC -7 PM 1:5

POHL & SHORT, P.A.

ATTORNEYS AT LAW

ERIC C. BOUGHMAN ALEXANDER S. DOUGLAS II MATT G. FIRESTONE STACY J. FORD GARY A. FORSTER MARK A. GRIMES RICHARD A. HEINLE KATHRYN P. JONES DAVID J. KOHS ROBERT S. MACDONALD TERESA N. PHILLIPS FRANK L. POHL JAMES E. SHEPHERD, V HOUSTON E. SHORT JOHN R. SIMPSON, JR JAMES C. WASHBURN

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COURIER ADDRESS: 280 WEST CANTON AVENUE, SUITE 410 WINTER PARK, FLORIDA 32789

www.pohlshort.com

December 2, 2010

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re:

Application to Transact Business in Florida / Exling, LLC

Our File No. 3555-91

Dear Sir or Madam:

We have enclosed the following documents associated with Exling, LLC's application to transact business in Florida:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 2. Certificate of Designation of Registered Agent/Registered Office;
- 3. Original Certificate of Existence;
- 4. Our firm's check in the amount of \$125 to cover the costs associated with filing the application; and
- 5. A check from Exling, LLC in the amount of \$638.75 to cover the penalty amount due.

Please call with any questions you may have.

Sincerely

Gary A. Forster

GAF/lpg Attachments

cc: Frank L. Pohl, Esq.

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Exling, LLC		
	Name of Limited Liability Company		
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,		
Please re	eturn all correspondence concerning this matter to the following:		
	Gary A. Forster		
	Name of Person		
	Pohl & Short, P.A.		
Firm/Company			
	P.O. Box 3208		
Address			
Winter Park, FL 32790			
	City/State and Zip Code		
forster@pohlshort.com			
	E-mail address: (to be used for future annual report notification)	•	
For furth	her information concerning this matter, please call:		
	Gary A. Forster at (407) 647-7645 Name of Person Area Code & Daytime Telephone Number		
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations		
	Registration Section Registration Section		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
	ed is a check for the following amount: \$125.00 Filing Fee \(\text{S130.00 Filing Fee & Certificate of Status} \) \$155.00 Filing Fee \(\text{S160.00 Filing Fee, Certificate of Status} \) Certificate Opy		

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

	OMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO TED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	MEQUIV
1	Ex11ng, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
conse	ome unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili pany," "L.L.C," "LLC.")	written ity
2	Delaware 3 27-0365735	
(Ju	risdiction under the law of which foreign limited liability (FEI number, if applicable) upany is organized)	
4	6-1-2009 (Date of Organization) 5. Perpetual. (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	// November 2009	, >> / /\\
_	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	245 Maison Court	ا الله الله الله الله الله
_	Altamonte Springs, FL 32714 (Street Address of Principal Office)	757 757 700 (
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
8. If	limited liability company is a manager-managed company, check here	STATE
9. TI	he name and usual business addresses of the managing members or managers are as follows:	
_	245 Maison Court	
	Altamonte Springs, FL 32714	
the jur transk	attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recrision under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a stion of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: software_development	ords in
_	·	•
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
	Khaled R. Khuda	
	Typed or printed name of signee	

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:		
Exling, 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:		
Khaled R. Khuda		
(Name) 245 Maison Court		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Altamonte Springs, FL 32714		
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. (Signature)		
\$ 100.00 Filing Fee for Application		

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXLING, 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 THIRD DAY OF NOVEMBER, A.D. 2010.

AUTHENTICATION: 8328348

DATE: 11-03-10

4693442 8300

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