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J. SAULSBERRY EXAMINER

DEC 8 2010

COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SUBJI	ECT:	Xxxt Link, UC Name of Limited Liabil	lity Company		
			Authorization to Transact Business in Florida eign limited liability company to transact bus		
Please	return all corresponden	e concerning this matter to the following	y:		
		Joseph Finame of Person	RADU.FF		
		Fortuna, Logis	tics, uc.		
		7345 W. Sand	d Lake Rd #302		
		Orlando, F/ City/State and Zig		2010 DE	r
		E-mail address: (to be used for future	annual report notification)	DEC -7	1 o
For fur	ther information concer	ning this matter, please call:	الله الله الله الله الله الله الله الله		
		Ph Rand. Ff at (Le of Person Area Code & I	107 952-247/	PH 2: 39	الحياديم
	MAILING ADDREST Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons Division of Corpo Registration Secti Clifton Building	orations on Tenter Circle		
	sed is a check for th	e following amount: \$130.00 Filing Fee & \$155.00 F Certificate of Status Certified of Status	iling Fee & \$\sum_{0}\$160.00 Filing Fee, Certifice Copy	cate	

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: (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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: 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: 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.)

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:	
Xact Link, LCC	
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:	
Joseph Radcitt Fig. 8	177
7345 W. Sandlake Rd #3027	
Orlando FL 32819	[™] են բրասու∕- [©] Է

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)

Delaware

PAGE 3

The First State

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

DELAWARE, DO HEREBY CERTIFY "XACT LINK, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2010.

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 "XACT LINK, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2010.

2010 DEC -7 PM 2: 39
LALLAHASSEE, FLORISA

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AUTHENT CATION: 8385174

DATE: 11-30-10

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