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ATTORNEYS AT LAW ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FLORIDA 32202-5017 P. O. BOX 240 JACKSONVILLE, FLORIDA 32201-0240 TELEPHONE: 904.359.2000 FACSIMILE: 904.359.8700 WWW.FOLEY.COM

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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 BY SIMESS IN THE STATE OF FUNDING.

	ACOSTA TRUEDEMAND, LLC		
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
COL	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of a sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Limpany," "L.L.C," "LLC.")	the wri	itten
7	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4.	November 30, 2009 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to	
6.		<u> </u>	co
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	غ يد	DIVISION OF
7.	6600 Corporate Center Parkway, Jacksonville, FL 32216	330 OFC	5
		23	<u></u>
	(Street Address of Principal Office)		
8.	8. If limited liability company is a manager-managed company, check here		SOLVE KAHIBAO
9.	The name and usual business addresses of the managing members or managers are as follows:	(3) (3)	
	Acosta, Inc., 6600 Corporate Center Parkway, Jacksonville, FL 32216	-	SH.
		 -	·
		-	
		_	
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of		sin
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, islation of the certificate under oath of the translator must be submitted.)	a	
	Nature of business or purposes to be conducted or promoted in Florida: provider of		
11.			
	software to retailers of consumer packaged goods		
	Signature of a member of 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.) Drew W. Prusiecki, Authorized Representative		
•	Typed or printed name of signee		

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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 Limited Liability Company is:	
ACOSTA TRUEDEMAND, 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:	
Corporation Service Company	
(Name)	
1201 Hays Street	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301	
CATOLING	

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.

Carina L. Dunlap

Carina L. Dunlap

(Signature)

Carina L. Dunlap

Asst. Vice President

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACOSTA TRUEDEMAND, 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 TWENTIETH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACOSTA TRUEDEMAND, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4758435 8300

101211087

You may verify this certificate onlin at corp.delaware.gov/authver.shtml AUTHENTY CATION: 8441147

DATE: 12-20-10

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