M11000000085

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Cortificates of Status	(Re	equestor's Name)			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Cortificates of Status					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Cortificates of Status	(Ad	ldross)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(AC	101655)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ac	Idress)			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	ty/State/Zip/Phone	e #)		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL		
(Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status		3			
Certified Copies Certificates of Status	(Bı	siness Entity Nar	me)		
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
	(Dr	ocument Number)			
	Certified Conjes	Certificates	s of Status		
Special Instructions to Filing Officer:	Certified Coyles Continuates of Clarics				
Special Instructions to Filing Officer:					
	Special Instructions to	Filing Officer:			
	Opecial instructions to	Tilling Officer.			
			·		
<u> </u>					

Office Use Only



900189630839

01/10/11--01001--015 **130.00

II JAN -7 PH 4: 29

D. BRUCE

JAN 07 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Engageon 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:
Christopher Seymour Name of Person
Engageon, LLC Firm/Company
6816 Southpoint Parkway, Suite 1000
TackSONVIILE, FL 32216 City/State and Zip Code
dwa/ker @ Leadingstar. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Walker at 904 309-6211 50 50 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: \$\sum_{\text{S125.00 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{Certified Copy}} \sum_{\text{S155.00 Filing Fee}} \& \sum_{\text{S160.00 Filing Fee}} \text{Certified Copy} \sum_{\text{Of Status & Certified Copy}} \sum_{\text{S160.00 Filing Fee}} \text{Certified Copy}

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 LIARIUTY COMPANY TO TRANSACT BY ISINESS IN THE STATE OF FLORIDA.

LIM	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	(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 the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi mpany," "L.L.C," "LLC.")	- writte lity
2	Delausere 3. 26-2928048	
(Delause 3. 26-2928078 Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	-
4.	7 7 2008 (Date of Organization) 5. Per petual (Duration: Year limited liability company will cease to	
	(Date of Organization) 5. Per per pal (Duration: Year limited liability company will cease to exist or "perpetual")	•
6.	AIA	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	•
7.	6816 Southpoint Parkway Suite 1000	
	·	
	Street Address of Principal Office)	•
8.	If limited liability company is a manager-managed company, check here	Manager .
9.	The name and usual business addresses of the managing members or managers are as follows:	* orthograph
	Christophe & SETUON	777
	Christophe & Sequent 55 =	j
		•
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	orde in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	AAGG III
trar	islation of the certificate under oath of the translator must be submitted.)	
11.	. Nature of business or purposes to be conducted or promoted in Florida:	
	created to provide servicey and solistions by mon-profit associations	
	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.)	
	Christopher Pa Seymour Typed or printed name of signee	
	ryped 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:			
Engageon, 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:	HASS AN	AH -7	emilysindra Prospers
Christopher Seymour	Y OF STA		
Christopher Seymour (Neme) Seymour (08/6 Southbout Parkway, Sur Florida Street Address (P.O. Box NOT ACCEPTABLE)	ite l'o) Ö)
Jacksonville, FL 32216	_		

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

The First State

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

DELAWARE, DO HEREBY CERTIFY "ENGAGEON 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 EIGHTH DAY OF OCTOBER, A.D. 2010.

4570430 8300

100979698

AUTHENTY CATION: 8278775

DATE: 10-08-10

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