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| PICK-UP | ☐ WAIT | MAIL | |
| (E | Business Entity Name) | | |
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| Certified Copies | Certificates of Sta | atus | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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EXAMINER



January 26, 2011

NICHOLAS BRADLEY PO BOX 196 ST. AUGUSTINE, FL 32085

SUBJECT: DEMAND BUSINESS SOLUTIONS LLC

Ref. Number: W11000004859

We have received your document for DEMAND BUSINESS SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 011A00002197

COVER LETTER

| Division of Corporations | |
|--|--------------|
| SUBJECT: Demand Business Solutions LLC | |
| Name of Limited Liability Company | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact business. | |
| Please return all correspondence concerning this matter to the following: | |
| Nicholas C. Bradley | |
| Name of Person | |
| Demand Business Solutions LLC | |
| Firm/Company | |
| PO 196 | |
| Address | |
| St. Augustine, FL 32085 | .7 25 |
| City/State and Zip Code | |
| nbradley@demandbusinesssolutions.com స్ట్రై - | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | ය. සූ |
| Nicholas C Bradley at (904) 417-8150 | \$ 7 |
| 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 | |
| Enclosed 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}\$\$ | e |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BÚSINESS 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:

| LIVILLED LIABILITY CONFAINT TO TRAINSACT BUSINESS IN THE STATE OF PLORIDA: |
|---|
| 1. Demand Business Solutions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| MonsterConnect LLC |
| |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") |
| 2. Ohio 3. 27-0740485 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. 8-15-2009 5. perpetual |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6 |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 14 Contera Dr. St. Augustine, FL 32080 |
| |
| (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: |
| 14 Contera Dr. St. Assistan FL 320 80 |
| Micholds Bradley (-Single marke UC) |
| |
| 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 eath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Live Conversation Delivery |
| (A form of B2B marketing.) |
| |
| 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 |

Typed or printed name of signee

Nicholas C. Bradley

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:

Demand Business Solutions LLC

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

MonsterConnect LLC

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

| Nicholas C Bradley | ame) | |
|--|---------------------|-----------------|
| (11) | unic) | .4 |
| | | 200 |
| 14 Contera Dr | | SECRET LA |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| | | S & \frac{1}{2} |
| St. Austine | _{FL} 32080 | ्रा <u>ट</u> ् |
| | y/State/Zip | |
| | - | 쐔댔 |

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)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DEMAND BUSINESS SOLUTIONS LLC, an Ohio For Profit Limited Liability Company, Registration No. 1877626, was organized within the State of Ohio on August 19, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of January, A.D. 2011.

Ohio Secretary of State

Validation Number: 201100600703