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SEURLIARY OF STATE FALLAHASSEE, FLORIDA

B. BOSTICK
MAR 18 2011
EXAMINER

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:

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.")
2. Indiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-3504223 (FEI number, if applicable)
4. 1/29/2007 (Date of Organization) 5. perpetua/ (Duration, Year limited liability company will cease to exist or "perpetual")
6. will begin operation after registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 692 Bayway Blvd. Unit 301
Clearwater Beach, FL 33767 (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:
Sasan M. Harvey
692 Bayway Blvd. Unit 301
Clearwater Beach, FL 33767
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: project
management and software quality consulting.
Susan M. Harry
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.)
Susan M. Harvey
Susan M. Harvey Typed or printed name of signee

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BASELINE PROCESS APPRAISALS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 29, 2007, and was in existence or authorized to transact business in the State of Indiana on February 02, 2011.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of February, 2011.

Charles P. White

Charles P. White, Secretary of State

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LAHASSEE, FLI

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:
Baseline Process Appraisals, 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:
Paul J. Burns (Name)
(Name)
12525 Walsingham Road Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE) Largo FL 33774 City/State/Zip
ORIES S
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.
Jan Stell
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 30.00