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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368	TILED
**Enter the email address for this business entity to be used f annual report mailings. Enter only one email address plea Email Address:	
Signation Signation Signation	T. CLINE APR 1 4 2011 EXAMINER

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATI	ON TO		
TRANSACT BUSINESS IN FLORIDA			
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LIMITED LIABULTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	A FOREIGN	· .	
Blackwell Global Consulting, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
(Isane of Foreign Linning Lizonity Company, and include Lighting Company, "L.L.C.," of "LLC.")			
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy o	f the written		
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I company," "L.L.C," "LLC."	.iability		
outputy, L.L.C, LLC. J			
Lillinois 3.			
(Jurisdiction under the taw of which foreign limited liability (FEI number, if applicable) company is organized)			
company is organizati	f		
3/30/2011 5, perpetual			
(Date of Organization) (Duration: Year limited liability company will cease	e to		
exist or "perpetual")			
k	j		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	A	. 22	
(See sectoris obsider ac obsider F.S. as determine penalty nationaly)	(m)		
415 Southwest Washington St.	LA	2011 ()*R	
	-HE		
Peoria, IL 61602	TAR	F	
(Street Address of Principal Office)	Y O	-	
. If limited liability company is a manager-managed company, check here 🔀		.	
The second company as a manager manager company, shock here by	53	27	
. The name and usual business addresses of the managing members or managers are as follows:	ORID		
	20		
See attached list	-		
	— i		
). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody o	f month in		
e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language			
unskaion of the cartificate under onth of the translator must be adminised.)	3 **		
Nature of huming as a summary to be any densed of the transmission	ţ		
1. Nature of business or purposes to be conducted or promoted in Florida: consulting			
- meblin-			
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			
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an effirmation under the poneties of perjury that the facts stated barein are true. I am aware that any faise information submitted in a			
(in accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the			

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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 REGISTBRED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Blackwell Global Consulting, 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:

C T Corporation System		2011 SE
(Name)		AR T
1200 South Pine Island R	oed	R IL
Florida Str	cet Address (P.O. Box NOT ACCEPTABLE)	Y OF
Plantation	FL 33324	
	City/State/Zip	

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. C T Corporation System

Ternell Kearney Asst. Secretary U (Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent

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- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

9. Managers

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Seshadri Guha 415 Southwest Washington St. Peoria, 1L 61602

Amit Gupta 415 Southwest Washington St. Peoria, IL 61602

Navneet Arora 415 Southwest Washington St. Peoria, IL 61602

Michael Jensen 415 Southwest Washington St. Peoria, IL 61602

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