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SECRETARY OF STATE ORIO

C. LEWIS

MAY - 5 2011

EXAMINER

#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Ripplerock, LLC	wited Liebility Common)
	(Name of Lii	nited Liability Company)
Florida		iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please	return all correspondence concerning this	matter to the following:
	Linda Stauffer	
	(N	fame of Person)
	NRAI Corporate Services	
	(F	irm/Company)
	16055 Space Center Blvd., Suite 235	
		(Address)
	Houston, Texas 77062	
	(City/S	State and Zip Code)
For fur	ther information concerning this matter, pl	ease call:
	Linda Stauffer	at (800 ) 862-5438
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	ed is a check for the following amount:  \$\sumsymbol{Z}\$125.00 Filing Fee \$\sumsymbol{\Boxes}\$130.00 Filing Fee & Certificate of the control	

#### 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:

1. Ripplerock, LLC	
(Name of Foreign Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting the Company," "L.L.C.," "LLC.")	purpose of transacting business in Florida and attach a copy of the written the alternate name. The alternate name must include "Limited Liability"
2. Indiana	3. 27-1180168
(Jurisdiction under the law of which foreign limited liab company is organized)	oility (FEI number, if applicable)
4. 07/17/2009	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	,
(Date first transacted business (See sections 608.501 & 608.50	s in Florida, if prior to registration.)  22 F.S. to determine penalty liability)
7. 9465 Counselors Row, Suite 200	AN A
Indianapolis, IN 46240	HASS
(Street Ac	ddress of Principal Office)
8. If limited liability company is a manager-mar	address of Principal Office)
9. The name and usual business addresses of the	managing members or managers are as for ws:
Thomas R. Reinsel, 1621 Blackburn Heights, Se	wickley, PA 15143
	an 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A pho translation of the certificate under eath of the translator must b	otocopy is not acceptable. If the certificate is in a foreign language, a ne submitted.)
11. Nature of business or purposes to be conduc	ted or promoted in Florida: Software development
The reduce of business of purposes to be conduct	
Simulation of a manufacture	on outhorized representative of a member
(In accordance with section 608.40	an authorized representative of a member.  (8(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)
Thomas R. Reinsel, CEO/M	
Typed or p	rinted 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 Compa	any is:	
Ripplerock, LLC			
If name unavail	ble, the alternate name to be	e used in the state of Florida is:	
2. The name an		of the registered agent and office ar	2011 MAY
	NRAI Services, Inc.	(Name)	
		((value)	SS.
	2731 Executive Park Drive, Su	uite 4	
	Florida Street Addre	ess (P.O. Box NOT ACCEPTABLE)	FLORA L
	Weston	FL 33331	AON AON
		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.

NRAI Services, Inc.

(Signature)

Linda Stauffer, Assistant Secretary

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

## 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

#### RIPPLEROCK, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 17, 2009, and was in existence or authorized to transact business in the State of Indiana on April 28, 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 Twenty-Eighth Day of April, 2011.

Charles P. White, Secretary of State

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