#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

MI WWW IN THE
---------------

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	·		

#### Foreign Limited Liability Company Lynxnet, LLC

Certificate of Status Certified Copy Page Count 05 Estimated Charge \$125.00

D. BRUCE
AUG 1 2 2011

EXAMINER

#### **COVER LETTER**

SUBJECT: Ly	nxaet, LLC		
Bonotot,	and the few states that the state of the sta	Name of Limited Liability Company	
The enclosed "A Existence, and o	Application by Foreign Limited in the submitted to register the	Liability Company for Authorization to Transact Business in Florida," Company to transact business	ertificate of in Florida
Please return all	correspondence concerning this	is matter to the following:	
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		• •	
		Address	
		City/State and Zip Code	§ =
	carla.abbud@qivliq.com	AHA HA	E T
	E-mail addres	ss: (to be used for future annual report notification)	}
For further infor	mation concerning this matter, p	please call:	<u>≅</u> <u></u> <u></u> <u></u> <u></u> <u> </u> <u> </u>
		at (	No.
	Name of Person	Area Code & Daytime Telephone Number	57
	NG ADDRESS:	STREET ADDRESS;	
	n of Corporations	Division of Corporations	
P.O. Bo	ation Section	Registration Section	
	ssee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed to a	check for the following are		
\$125.00	Filing Fee \$\int_\$\$\$\square\$\$\square\$\$\square\$\$ Filing Fee \$\int_\$\$\$\square\$\$\$\$\square\$	g Fee & \$\int\\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee, Certificate	

### 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	Lynxnet, LLC
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
_	
ÇO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Alaska 3
	(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)
4.	01/09/2006 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.	13873 Park Center Road, Suite 400N
	Herndon, VA 20171
	(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:
	Colin Schmeisser - 5475 Mark Dabling Blvd., Suite 320 Cotorado Springa, CO 80918
	William Monet - 13873 Park Center Road, Suite 400N, Hendon, VA 20171
	Murk Serway - 13873 Park Center Road, Suite 400N, Hendon, VA 20171
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under ceth of the translator must be submitted.)
	•
11	. Nature of business or purposes to be conducted or promoted in Florida: Video Teleconference Support
	much ly
	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 penaltics 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.)
	Qivliq LLC, Sole Member - by Matthew Jesinsky, Chief Administrative Officer

Typed 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.

Lynxnet, LLC	ne of the Limited Liability C		
		ress of the registered agent and office are:	11 AUG I SECRETA
	1200 South Pine Island Roa	(Name)	RY OF SI
		et Address (P.O. Box NOT ACCEPTABLE)  FL 33324  City/State/Zip	TATE ORIDA
liability con agent and a relating to t	npany at the place designated gree to act in this capacity. The proper and complete perfect of my position as registered of CT Corporation SBy:	Comile Bryon  Committee	ent as registered Il statutes I accept the

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

\$ 30.00

Alaska Entity # 98298

## State of Alaska Department of Commerce, Community, and Economic Development

# CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

#### LYNXNET, LLC

on the 9th day of January, 2006 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 9th day of August, 2011.

Parato 11

Susan Bell Commissioner

Certification Number: 527843-1

Verify this pertificate online at https://myalaska.state.ak.us/business/soskb/verify.asp