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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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2011 SEP 12 PN 1: 35
SECRETARY OF STATE
TAIL MASSEF, FLORIDA

T. CLINE

SEP 13 2011

**EXAMINER** 

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: N	IIFTY GLOBAL SOL	LUTIONS, LLC Name of Limited Liability Company	•	
Existence, and	Application by Foreign Limited L	iability Company for Authorization to Transact Business in above referenced foreign limited liability company to trans	n Florida," Certificatensact business in Flor	e of rida
	SRINIVASA RAO NAN	INAPANENI		
		Name of Person		
•	COMPANY			
		Firm/Company		
	4222 CLYBOURNE LA	ANE		
		Address		
	JACKSONVILLE,FL 32	216		
		City/State and Zip Code		
	raonannapaneni@ya	ahoo.com_	76 20	
For further info	E-mail address		II SEP I	
RAC	NANNAPANENI	at (412 ) 6576759	IZ I	 
Division Regist P.O. B	Name of Person  LING ADDRESS: on of Corporations tration Section Box 6327 assee, FL 32314	Area Code & Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	PH 1: 36 OF STATE E. FLORIDA	C
	a check for the following am 00 Filing Fee \$130.00 Filing Certificate of \$	Fee & \$155.00 Filing Fee & \$\sqrt{\$160.00 Filing Fee}\$	, Certificate ied Copy	

#### 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. NIFTY GLOBAL SOLUTIONS, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company," "L.L.C," "LLC.")	writter ity
2. PENNSYLVANIA (Jurisdiction under the law of which foreign limited liability company is organized)  3. 202744787 (FEI number, if applicable)	•
4. 3/29/2005  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")	
<sub>6.</sub> 9-1-2011	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 4222 CLYBOURNE LANE	
JACKSONVILLE,FL 32216  (Street Address of Principal Office)	••
(Street Address of Principal Office)	Ī
8. If limited liability company is a manager-managed company, check here	r
9. The name and usual business addresses of the managing members or managers are as follows	ŗ
RAO NANNAPANENI 4222 CLYBOURNE LANE, JACKSONVILLE, FL 32216	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recthe 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.)	ords in
11. Nature of business or purposes to be conducted or promoted in Florida:	
COMPUTER CONSULTING, TRAINING AND SOFTWARE DEVELOPMENT	
Signature of a member or an authorized representative of a member.	

document to the Pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.)

NANNAPANENI SRIMIVASAR \*\*

Typed or printed name of signee

(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

# 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:	
NIFTY GLOBAL SOLUTIONS, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
NIFTY SOFTWARE SOLUTIONS	
2. The name and the Florida street address of the registered agent and office are:	
RAO NANNAPANENI	
(Name)	
4222 CLYBOURNE LANE	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	

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)

**JACKSONVILLE** 

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

FL 32216

City/State/Zip

2011 SEP 12 PM 1: 36
SEGRETARY OF STATE

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE SEPTEMBER 1, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

## NIFTY GLOBAL SOLUTIONS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care ailee

Certification Number: 9764341-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp