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SECRETARY OF STATE
FALLAHASSEE, FI OPH

D. BRUCE

SEP 19 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 9FACTORS, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Existence, and check are submitted to register the above referenced foreign limited liability company to trans	Florida," Certificate of sact business in Florida.
Please return all correspondence concerning this matter to the following:	
JOSEPH C. WASCH	
Name of Person	
JOSEPH C. WASCH, P.L.	
Firm/Company	
2385 Executive Center Drive, NW, Suite 100	
Address	P. =
Boca Raton, FL 33431	SEP SEP
City/State and Zip Code	ASSEE.
jwasch@inhouselegalservices.com	Fig 3 III
E-mail address: (to be used for future annual report notification)	OF STAT
For further information concerning this matter, please call:	RIDA RIDA
Joseph C. Wasch at (561) 962-2830	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{\$\frac{1}{3}0.00}\$ \text{Filing Fee & Certified Copy} \text{\$\frac{1}{3}0.00}\$ \text{Filing Fee & Certified Copy} \text{\$\frac{1}{3}0.00}\$ \text{Filing Fee, 0 of Status & Certified 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 HARILITY COMPANY TO TRANSACT BLISINESS IN THE STATE OF FLORIDA:

IJMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. 9FACTORS, 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 wreconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	ritte: /
2. Delaware 3. 45-3089910	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. August 25, 2011 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. 5000 T-Rex Avenue, Suite 150	Į į̃
Boca Raton, FL 33431	end e
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	- 1
9. The name and usual business addresses of the managing members or managers are as follows:	
9Factors Management, LLC, a Delaware limited liability company - managing member	
5000 T-Rex Avenue, Suite 150	
Boca Raton, FL 33431	
10. Attached is an original certificate of existence, no more than 90 days old, duly authomicated by the official having custody of recording 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 eath of the translator must be submitted.)	nds in
11. Nature of business or purposes to be conducted or promoted in Florida: Software development	
MNUlard	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608,008(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the races 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.)	
Joseph C. Wasch	

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.

1. The name of the Limited Liability Comp	oany is:	
9FACTORS, LLC		
If unavailable, the alternate to be used in the	e state of Florida is:	
2. The name and the Florida street address	of the registered agent and office ar	re:
Joseph C. Wasch		
	(Name)	SET
2385 Executive Cente	er Drive, NW, Suite 100	JARNASSI
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	E. P. Z
Boca Raton	_{FL} 33431	F STATE
	City/State/Zip	A

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "9FACTORS, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "9FACTORS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5029819 8300

110963891

AUTHENTY CATION: 8999255

DATE: 08-30-11

You may verify this certificate online at corp.delaware.gov/authver.shtml