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D. BRUCE

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EXAMINER

COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	XCSAT, LL	С		
-	Nar	ne of Limited Liability Company		
The enclosed Existence, an	"Application by Foreign Limited Liab d check are submitted to register the al	ility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida		
Please return	all correspondence concerning this ma	tter to the following:		
	Joseph	n J. Jacoboni		
		Name of Person		
XCSAT, LLC				
Firm/Company				
	2100 Commo	IN WAY RO		
		Address		
	ORIANDO	Address 7 Lorio A , 32814 City/State and Zip Code		
		City/State and Zip Code		
	joe.j@xcsat.com			
	E-mail address; (to	be used for future annual report notification)		
For further in:	formation concerning this matter, pleas	e call:		
	Joseph J. Jacoboni	at (407) 644-6088 ASS 1		
	Name of Person	Area Code & Daytime Telephone Number		
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amour .00 Filing Fee \$130.00 Filing Fee Certificate of State.	& \$\infty\$155.00 Filing Fee & \$\infty\$\$160.00 Filing Fee, Certificate		

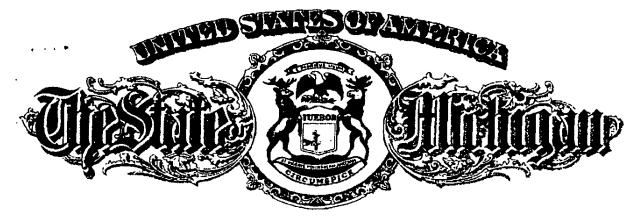
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS' IN THE STATE OF FLORIDA:
1. XCSAT, LLC
1XCSAT, LLC
N/A
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Michigan 3 N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 24, 2011 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7
2100 Common Way Ro OR/AHDO 7 LORIDA 328/9
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:
Joseph J. Jacoboni
SSE
Fres - D
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
Nature of business or purposes to be conducted or promoted in Florida:
Contact Center service provider
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 penalties 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.)
Typed or printed name of signee
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 Company is:	
XCSAT, LLC	 _
If unavailable, the alternate to be used in the state of Florida is: N/A	·
2. The name and the Florida street address of the registered agent and office are:	
Joseph J. Jacoboni	
(Name)	
2/00 COMMON WAY RO. Florida Street Address (P.O. Box NOT ACCEPTABLE)	
ORIANOO FL 32814 City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated libbility company at the place designated in this certificate, I hereby accept the appointment as agent and agree to act in this capacity. I further agree to comply with the provisions of all state relating to the proper and complete performance of my duties, and I am familiar with and accombligations of my position as registered agent as provided for in Chapter 608, Florida Statutes	registered tutes ept the
(Signature)	٠.
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	FILE





This is to Certify That

XCSAT, LLC

was validly organized on October 24, 2011 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1057117 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of October, 2011

A Shirt Cilled

Bureau of Commercial Services