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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLACKDIVINE LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Anatalia Diaz
Name of Person
KVB PARTNERS INC
Firm/Company
60 BROAD STREET STE 3502
Address
NEW YORK NY 10004 ₽ E
NEW YORK NY 10004 City/State and Zip Code ADMINISTRATION@KVBPARTNERS.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALBERO GALLARDO at (646.) 356.0499
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$125.00 Filing Fee \text{\$\frac{1}{2}}\$130.00 Filing Fee \text{\$\frac{1}{2}}\$ Certificate of Status \$\sum_{\text{\$\frac{1}{2}}}\$155.00 Filing Fee \text{\$\frac{1}{2}}\$ \$\sum_{\text{\$\frac{1}{2}}}\$160.00 Filing Fee, Certificate of Status

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:	
BLACKDIVINE LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	20 TAL
PARACORP INCORPORATED	
(Name)	Z012 AUG .15 SEÜRETARY ALLAHASSEI
236 EAST 6TH AVENUE	mo
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLOOP ST
TALLAHASSEE FL 32302	AM & 22 OF STATE OF LORIDS
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.

5.00

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

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:

I BLACKDIVINE 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.")	written ity
2. TX 3. 26-3741720	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	'
4. 11.13.2008 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
6. 09/01/2012	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	2012
7. 3390 MARY STREET SUITE 116	E T
COCONUT GROVE FL 33133	<u> </u>
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	& 22
9. The name and usual business addresses of the managing members or managers are as follows:	A
Davy Trucket Managing Member Can Very	W 100c
Toddy Twent Managing Member Day Long	DA (OOG)
2.3	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	xords 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 translation of the certificate under oath of the translation must be submitted.)	
H. Nature of business or purposes to be conducted or promoted in Florida:	٠
WEBSITE DEVELOPMENT , ,	. •
Signature of a member of 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 berein 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.) RAVY TRUCHOT (management of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Typed or printed name of signed	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BlackDivine, LLC (file number 801052015), a Domestic Limited Liability Company (LLC), was filed in this office on November 13, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 23, 2012.



Hope Andrade

Come visit us on the internet at http://www.sos.state.tx.us

Phone: (512) 463-5555 Prepared by: SOS-WEB Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document 432119900003

Secretary of State