Division of Corporations Electronic Filing Cover Sheet

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To:

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Phone : (323) 962-8600

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#### Foreign Limited Liability Company REDWAGE LLC

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**EXAMINER** 

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#### **COVER LETTER**

SUBJECT:	REDWAGE LLC	
	Name of Limited Liability Company	·
The enclosed "Application by Foreign Limited L Existence, and check are submitted to register th	iability Company for Authorization to Transact B e above referenced foreign limited liability compa	usiness in Florida," Certificate of my to transact business in Florida
Please return all correspondence concerning this	matter to the following:	Fig. 180
	Barbara Dang	
	Name of Person	<b>S</b> P -
	Legalzoom.com, Inc.	
	Firm/Company	
	00 W. Broadway Suite 100	
	Address	Jan 1986
***************************************	Glendale, CA 91210	
	City/State and Zip Code	
\$	sean.otoole@redwage.com	
E-mail address	: (to be used for future annual report notification)	
For further information concerning this matter, p	lease call;	
Barbara Dang	at ( 323 ) 962	2-8600
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
Registration Section P.O. Box 6327	Registration Section Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	
Enclosed is a check for the following ame	ount:	
\$125.00 Filing Fee \$130.00 Fil	ting Fec & \$\sum \$155.00 Filing Fee & \$\sum \$166	0.00 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.	REDWAGE LLC				
	(Name of Foreign Limited Liability Company; must include "Limited Liabil	ity Company," "L.L.C.," or	"LLC.")		
CO	f name unavailable, enter alternate name adopted for the purpose of transacting but onsent of the managers or managing members adopting the alternate name. The altompany," "L.L.C," "LLC.")	siness in Florida and attach ernate name must include "	a copy o	of the w Liability	ritten y
2.	Delaware 3.		THE WAY	78°;	
	(Jurisdiction under the law of which foreign limited liability company is organized)	El number, if applicable)		3	٠.
4.	12/21/2009 5.	Perpetual or limited liability company			?
	(Date of Organization) (Duration: Yea exist or "perpe	r limited liability company tual")	will cens	e to	\$ \$
6.			1 - U	CONT.	2
	(Date first transacted business in Florida, if prior to reg (See sections 608,501 & 608,502 F.S. to determine penal	istration.) ty liability)	34	30	
7.	42 Franklin Place Summit, NJ 07901		[ <b>]</b>		
	If limited liability company is a manager-managed company, check The name and usual business addresses of the managing members of	<u>.                                    </u>			
7.	John OToole, 42 Franklin Place Summit, NJ 07901	n managers are as rolk	Jws.	<del></del>	
the	Attached is an original certificate of existence, no more than 90 days old, duty author jurisdiction under the law of which it is organized. (A photocopy is not acceptable. It instation of the certificate under cath of the translator must be submitted.)				ds in
11.	. Nature of business or purposes to be conducted or promoted in Flo	orida:			
	Financial services, including Mortg	age		·,	
	Signature of a member or an authorized represent (In accordance with section 608.408(3), F.S., the execution of it an affirmation under the penalties of perjury that the facts states	nis document constitutes			
	John OToole				
	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 Liabi	ility Comp	any is:		
	REC	OWAGE LLC		
If unavailable, the alternate to be				**************************************
2. The name and the Florida stree	ne name and the Florida street address of the registered agent and office are:			
	NR	Al Services, Inc.		្ន
,		(Name)		ري ري
<u></u>	515 E	East Park Avenue	_	
Florid	a Street Add	ress (P.O. Box NOT ACCEPTABLE)	_	
	Tallahas	see FL 32301 City/State/Zip	_	
liability company at the place desig agent and agree to act in this capa relating to the proper and complete	gnated in the city. I furthe performa tered agent  Jessica Met	o accept service of process for the above this certificate, I hereby accept the appoint her agree to comply with the provisions of my duties, and I am familiar with a as provided for in Chapter 608, Florida ager, Assistant Secretary	ment as re Call statut Ind accept	egistere es
	\$ 100.00	Filing Fee for Application		
	\$ 25.00			
	\$ 30.00	Certified Copy (optional)		
	\$ 5.00	Certificate of Status (optional)		

# Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDWAGE 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDWAGE LLC"
WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
BEEN PAID TO DATE.

4768100 8300

121018157

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9836298

DATE: 09-11-12

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