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Foreign Limited Liability Company ARES PROJECT MANAGEMENT LLC

Certificate of Status	0
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Corporate Filing Menu

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10/10/2012

CT CORPORATION

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COVER LETTER

		Name of Limited Liability Company	
e enclosed "Aj	optication by Foreign Limited	Liability Company for Authorization to Transact Business in	n Florida," Certifica
sistence, and ch	eck are submitted to register to	he above referenced foreign limited liability company to trar	sact business in Fl
esse return all c	correspondence concerning thi	s matter to the following:	
	Douglas Schm	idt	• ,
•		Name of Person	
•	ARES Corporat	tion	
•		Firm/Company	······································
	1440 Chapin A	lvenue, Suite 390	
-		Address	
	Burlingame, 6	A 94010	
**	and Anti-Batter,	City/State and Zip Code	 , .
		dschmidt@arescorporation.com	
_	B-mail addres	s: (to be used for future annual report notification)	 ,
further inform	ation concerning this matter, p	please call:	•
		•	
F	Name of Person	Area Code & Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
RATA YY YM	C ADDDBCC.	, -	,
	G ADDRESS: of Corporations	STREET ADDRESS: Division of Corporations	
Rogistrati	on Section	Registration Section	:
P.O. Box		Clifton Building	
r ពារណា <i>ដន្</i> ខ	cc, FL 32314	2661 Executive Center Circle Tailahassee, FL 32301	

PLAST - IOUSZUIU CT PUling Manager Online

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. ARES Project Management LLC (Name of Foreign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate name adopted for the pur- consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	pose of transacting business in Florida and attach a copy of the written lternate name. The alternate name must include "Limited Liability				
2. California	3. 90-0878499				
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
4, <u>08/13/2012</u>	5. Perpetual				
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")				
6. Upon Qualification					
(Date first transacted business in 1 (See sections 608,501 & 608,502 F.	Florida, if prior to registration.) S. to determine penalty liability)				
7. 1440 Chapin Avenue, Suite 390, Burlingame, CA 94010					
•	'				
(Street Addres	s of Principal Office)				
8. If limited liability company is a manager-manage	d company, check here 🛛				
9. The name and usual business addresses of the ma	naging members or managers are as follows:				
Stanley C. Lynch , 1440 Chapin Avenue, Suite 390, Burlin	ngame, CA 94010				
Larry E. Shipley, 1440 Chapin Avenue, Suite 390, Burling	game, CA 94010				
Richard J. Stuart, 1440 Chapin Avenue, Suite 390, Burling					
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under eath of the translator must be suf-	SEB ATTACHMENT) days old, duly authenticated by the official having custody of records in py is not acceptable. If the certificate is in a foreign language, a smitted)				
11. Nature of business or purposes to be conducted of	or promoted in Florida:				
Project Management Software and Services					
1 drala	Frack				
	uthorized representative of a member.				
penalties of perjury that the facts stated herein are to	oution of this document constitutes an affirmation under the rue. I am aware that any false information submitted in a es a third degree felony as provided for in s.817.155, F.S.)				
	ey C. Lynch				
Typed or printed name of signee					

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Attachment to Florida Member / Manager Information

Full Name: William Vantine Member/Manager: Manager

Business Address: 1440 Chapin Avenue, Suite 390

City: Burlingame

State: CA ZIP Code: 94010

Full Name: Michael Jackson

Member/Manager: Manager

Business Address: 1440 Chapin Avenue, Suite 390

City: Burlingame State: CA ZIP Code: 94010

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.

The name of the Limited Liability Company is: ARES Project Management LLC					
	ne alternate to be used in the state of Florida is:				
2. The name and	I the Florida street address of the registered agent and office are:				
, .	C T Corporation System (Name)				
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation FL 33324 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.

CT Corporation System

Special Asst. Secretary

(Signature)

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

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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ARES PROJECT MANAGEMENT LLC

FILE NUMBER:

201222710102

FORMATION DATE:

08/13/2012

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No Information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and afflx the Great Seal of the State of California this day of October 2, 2012.

> **DEBRA BOWEN** Secretary of State

NP-25 (REV 1/2007)