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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
. (D	ocument Number)	· ····
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



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DEPARTMENT OF STATE

D. BRUCE

OCT 19 2012

EXAMINER

TION SERVICE COMPANY.			
ACCOUNT NO. : 12000000195			
REFERENCE : 385845 66743A			
AUTHORIZATION : The Belle no.			
COST LIMIT : \$ 125.00			
ORDER DATE : October 18, 2012			
ORDER TIME : 12:09 PM			
ORDER NO. : 385845-005			
CUSTOMER NO: 66743A			
FOREIGN FILINGS			
NAME: AUTOMON, LLC	12 OCT 18 PI SECRETARY OF TALLAHASSEE.		
XXXX QUALIFICATION (TYPE: LL)	PHIZ: 10		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:]T:+		
XXPLAIN STAMPED COPY			
CONTACT PERSON: Stephanie Milnes EXT# 52920			

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AUTOMON, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," (Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.	
Please return all correspondence concerning this matter to the following:	
Penny Alvarez	
Name of Person	
AutoMon, LLC	
Firm/Company	
10450 N. 74th St. #210	
Address	
Scottsdale, AZ 85258	基金
City/State and Zip Code	- C. C. C.
palvarez@automon.com	OCT 1.8 CRETARY LAHASS
E-mail address: (to be used for future annual report notification)	L
For further information concerning this matter, please call:	# 12 F S
Penny Alvarez at (480) 368-8555	PH I2: 10 OF STATE ELFLORID
Name of Person Area Code & Daytime Telephone Number	7.
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: [\$125.00 Filing Fee	

APPROVED APPROVED

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 AUTOMON, LLC	, in this shift of the same.	
(Name of Foreign Limited Liability Company; m	oust include "Limited Liability Company," "L.L.C.," or "LLC	.")
	he purpose of transacting business in Florida and attach a copy the alternate name. The alternate name must include "Limite	
2. DELAWARE	3. 26-2521148	
(Jurisdiction under the law of which foreign limited li company is organized)	ability (FEI number, if applicable)	
4, 4/28/2008	5.	
(Date of Organization)	(Duration: Year limited liability company will ce exist or "perpetual")	ase to
S		
(Date first transacted busine (See sections 608,501 & 608,	ss in Florida, if prior to registration.) 502 F.S. to determine penalty liability)	
7. 10450 N. 74th St. #210		
Scottsdale, AZ 85258		ALL 956 12 0
(Street /	Address of Principal Office)	
3. If limited liability company is a manager-ma	naged company, check here 🔀	135.5. 143.5.7.
). The name and usual business addresses of th	e managing members or managers are as follows:	OF ST
Tom Jones, 10450 N. 74th St. #210, Scottso	lale, Az 85258	INSOTA SIMIS SI IC
		
ne jurisdiction under the law of which it is organized. (A ph	han 90 days old, duly authenticated by the official having custod notocopy is not acceptable. If the certificate is in a foreign langua	
anslation of the certificate under oath of the translator must	be submitted.)	-
1. Nature of business or purposes to be conducted	cted or promoted in Florida:	****
Software Maintenance and Sales		
Xon,	on	
Signiture of a member or	an authorized representative of a member.	
(In accordance with section 608.4 8(3), F.S., 1	the execution of this document constitutes an affirmation under the	
penalties of perjury that the facts shared here document to the Department of State con	are true 1 am aware that any false information submitted in a stitutes a third degree felony as provided for in s.817.155; F.5	S.)
Tom Jones		,

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 C	Company is:	
AUTOMON, LLC		
If unavailable, the alternate to be used	in the state of Florida is:	
2. The name and the Florida street add	ress of the registered agent and office are:	············
Corporation Service Co	ompany	72 12
	(Name)	OCT POCT
1201 Hays Street		T 18 FIL HASS
Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	TO NO.
Tallahassee	FL 32301	112: - FE 04: -
	City/State/Zip	(E)

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.

Corporation Service Company

By: Stephanie Milnes Asst. V.P.

\$ 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 "AUTOMON, 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 JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTOMON, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2008.

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

4539771 8300

120886591

Jeffrey W Bullock, Secretary of State
AUTHENTYCATION: 9744585

DATE: 07-30-12

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