M12000006110

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| i e |
| Special Instructions to Filing Officer: |

Office Use Only



400239376484

SECRETARY OF STATE

DEPARTMENT OF STATE

J. SAULSBERRY EXAMINER OCT 31 2012



| ACCOUNT NO. : 12000000195 | |
|---|---|
| REFERENCE : 397644 480470 | 08 |
| AUTHORIZATION : | |
| COST LIMIT : \$ 125.00 | al |
| ORDER DATE : October 30, 2012 | |
| ORDER TIME : 11:49 AM | |
| ORDER NO. : 397644-020 | |
| CUSTOMER NO: 4804708 | |
| FOREIGN FILINGS NAME: PRESCOTT EMPLOYEES LLC | 2812 OCT 30 AM . OH 00 SECRETARY OF STATE TALLIAN MISSEEN FLORIDA |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | DA O |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Carina L. Dunlap EXT# 52951 | |
| EXAMINER: | |

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

IN COMPLIANCE WITH SECTION BORSUS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Prescott Employees LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual September 16, 2010 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2200 Buttts Road, Suite 320, Boca Raton, Florida 33431 (Street Address of Principal Office) 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 follow Lori S. Curley, Member 2200 Butts Road, Suite 320, Boca Raton, Florida 33431 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 translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: To engage in any and all lawful business activities as provided and permitted by the State of Florida. 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.) Lori S. Curley, Member

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.

| The name of the Limited Liability Company is: | |
|--|-----------|
| Prescott Employees LLC | |
| name unavailable, the alternate name to be used in the state of Florida is: | |
| The name and the Florida street address of the registered agent and office are: | |
| Lori S. Curley | |
| (Name) | MZ OCT 30 |
| 2200 Butts Road, Suite 320 | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | 30 |
| Boca Ratop FL 33431 | A |
| City/State/Zip SA | 8000 |
| wing been named as registered agent and to accept service of process for the above stated limited willing company at the place designated in this certificate. I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes uting to the proper and complete performance of my duties, and I am familiar with and accept the igations of my position as registered agent as provided for in Chapter 608, Florida Statutes. | _ |
| S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent | |

S 30.00 Certified Copy (optional)
S 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 "PRESCOTT EMPLOYEES 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 OCTOBER, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESCOTT EMPLOYEES LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2010.

SECRETARY OF STATE TALLAHASSEES FLORIDA

8300

4872975 8300

121174441

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9948626

DATE: 10-30-12

121174441