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SECRETARY OF STATE
SECRETARY OF STATE
TALL-HASSEE, FLORIDA

D. BRUCE
NOV 0 6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Identity Works LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.	Certificate of ss in Florida
Please return all correspondence concerning this matter to the following:	
Patrick Dooley	
Name of Person	
Identity Works LLC	
Firm/Company	
415 McKeever Lane	
Address	
Northampton, PA 18067	******************************
City/State and Zip Code	2 X
patrick@identityworksllc.com	12 P
E-mail address: (to be used for future annual report notification)	15% -5
For further information concerning this matter, please call:	PH YEAR
Patrick Dooley at (484) 560-1086	STATE STATE FLORIG
Name of Person Area Code & Daytime Telephone Number	35
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Registration Section Division of Corporations Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int_{\$125.00}\$ \text{Filing Fee} \tag{\$130.00} \text{Filing Fee & Certificate of Status} \tag{\$155.00} \text{Filing Fee & Certified Copy} \tag{\$160.00} \text{Filing Fee, Certified Copy}	

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. Identity Works LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	5.")	1
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a conconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Company," "L.L.C," "LLC.")	y of the ed Liabil	written ity
2. Pennsylvania 3. 27-4540001		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4. 01-06-2011 5. perpetual		
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	ease to	
6. 07-09-2012		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 415 McKeever Lane		
Northampton, PA 18067		
(Street Address of Principal Office)	1000 1000 1000 1000 1000 1000 1000 100	73
8. If limited liability company is a manager-managed company, check here		- AON
9. The name and usual business addresses of the managing members or managers are as follows:	SSEE	-25 E
Patrick Dooley - 415 McKeever Lane, Northampton, PA 18067		PM 2:
Jeanette Mills - 415 McKeever Lane, Northampton, PA 18067		<u>t</u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langer	dy of reco	ords in
ranslation of the certificate under oath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida: IT Consulting Ser	vices	
	·	
Signature of a member or an authorized tepresentative 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. I am aware that any false information submitted in		
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F	.S.)	
Patrick Dooley		

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 Company is:	
Identity Works 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:	
NRAI Services Inc.	
(Name)	
515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)	12 N SECR TALLA
Tallahassee _{FL} 32301	NOV -
City/State/Zip	STEE STEE
Having been named as registered agent and to accept service of process for the above stationally company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with ana obligations of my position as registered agent as provided for in Chapter 608, Florida Stationally in the proper and complete performance of my duties, and I am familiar with analysis of my position as registered agent as provided for in Chapter 608, Florida Stationally in the property of t	ent as registered ll¦statutes l'accept the

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

Milusto

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

OCTOBER 5, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Identity Works LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 10605968-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp