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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-1092

SECRETARY OF STATE

12 NOV 15 PM #

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RY OF STATE
SSEE, FLORID

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
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## Foreign Limited Liability Company MDA Information Systems LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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CT CORPORATION

## COVER LETTER

·	MDA Information Systems LLC  Name of Limited Liability Company	
	Application by Foreign Limited Lizbility Company for Authorization to Transact Business in Florida,	
Existence, and	check are submitted to register the above referenced foreign limited liability company to transact busi	iness in Florica
Please return a	ll correspondence concerning this matter to the following:	
	Maggis Basa	
	Name of Person	17. 13. 13.
	,	L A
	Farris, Vaughan, Wills & Murphy LLP	
	Pirm/Company	15 PM
	25th Floor, 700 West Georgia Street	<u> </u>
	Address	IZ NOV 15 PM IZ: 09 ECRETARY OF STATE LLAHASSEE FLORID
	Vancouver, BC Canada V7Y 1B3	9 0
	City/State and Zip Code	
	mbasa@farrie.com	
	E-mail address: (to be used for future annual report notification)	,
For further infi	armation concerning this matter, please call:	
36	e Basa , 604 , 661-9377	
Waggi		
	Name of Person Area Code & Daytims Telephone Number	•
	ANG ADDRESS: STREET ADDRESS: on of Corporations Division of Corporations	
Regist	ration Section Registration Section	
	ox 6327 Clifton Building	
រទារការ	assee, FL 32314 2661 Executive Center Circle Tailahassee, FL 32301	
F	,	
enciosed is a 15125 c	check for the following amount: 10 Filing Pee \$\bigc\\$130.00 Filing Fee & \bigc\\$160.00 Filing Fee, Certifica	ata.
	Certificate of Status   Certified Copy   of Status & Certified Copy	me.

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## 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:

	mpany," "L.L.C," "LLC.")  DELAWARE 3, 33-1223245	
_	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
	company is organized)	
4,	February 1, 2012  [Date of Organization]  5. perpetual  [Duration: Year limited liability company will cease to	,
	exist or "perpetual")	) <b>-</b>
6.	September 1, 2012	2
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	NOV 15
7.	820 West Dismond Avenue, Gaithersburg, MD 20878	5
		Md
	(Street Address of Principal Office)	12 K
_		90:
8.	If limited liability company is a manager-managed company, check here	9
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Daniel B. Friedmann, 13800 Commerce Parkway, Richmond, BC Canada V6J 2J3	
	Herbert F. Satterlee III, 921 Knobcone Place, Loveland, CO 80538	
		1
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	ands in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
uei	oslation of the certificate under eath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	development and application of remote sensing data and geographic information technologies	

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Typed or printed name of signee

Herbert F. Satterice III

## 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.

If unavailable, the	alternate to be used i	in the state of Florida is:	•
2. The name and the	he Plorida street add	ress of the registered agent and office are:	TAL SE
Bus	siness Filings Incorporate	ed.	ECRET
<del></del>		(Name)	
515	Eust Park Avenue		است فالأسي
<u></u>	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Ta	llahusece	FL 32301	2: 09 2: 09 0: 09 0: 09
		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 can familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Business Filings Incorporate

By: Whry go Spalinger, Asst. Sec. for business filings Incorporated

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

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