lonua Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000135103)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Fax Number

: (608)827-5501

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

Enail	Address:			

Foreign Limited Liability Company Waypoint Solutions Group, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$7 63.75

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

P.001 1099 728 809

1099 728 808

18:00 6102-22-NAL

H13000132103

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:

Waypoint Solutions Group, L.L.C.	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company,	," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floconsent of the managers or managing members adopting the alternate name. The alternate name Company," "LL.C.," "LLC.")	rida and attach a copy of the written must include "Limited Liability
2. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-2866136 (FEI number, in the law of which foreign limited liability company is organized)	,
4. 6/19/2008 (Date of Organization) 5. Perpetual (Duration: Year limited liab exist or "perpetual")	oility company will cease to 22 JAN 22
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 9305 Monroe Road Suite L, Charlotte, North Carolina 28270	
(Street Address of Principal Office)	
3. If limited liability company is a manager-managed company, check here X	
9. The name and usual business addresses of the managing members or manager	s are as follows:
Tony Shannon, 9305 Monroe Road Suite L, Charlotte, North Carolina 28270	· ·
Daniel Wilson, 9305 Monroe Road Suite L, Charlotte, North Carolina 28270	
NON PLV/BCC/0 9305 Monroe Road Suite L, Charlotte, North Carolina 2827	0
10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificat ranslation of the certificate under oath of the translator must be submitted.)	official having custody of records in e is in a foreign language, a
11. Nature of business or purposes to be conducted or promoted in Florida:	·
Computer IT Services	
Signature of a member or an authorized representative of (In accordance with section 608.408(3), F.S., the execution of this document an aftirmation under the penalties of perjury that the facts stated herein are to	constitutes
Tony Shannon	<u> </u>
Typed or printed name of signee	

H130000135103

4130000135103

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:	
Waypoint Solutions Group, L.L.C.	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	\$2013 2013
Business Filings Incorporated (Name)	JAN 22
515 E. Park Avenue,	2 P. S.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	e. 7
Tallahassee FL 32301 City/State/Zip	

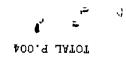
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Naul (Signature)

Mark Williams, A.V.P., Business Filings Incorporated

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

H130000135103





NORTH CAROLINA Department of the Secretary of State

(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WAYPOINT SOLUTIONS GROUP, L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of June, 2008, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

Certification# 93498349-1 Reference# 11284796- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official scal at the City of Raleigh, this 11th day of January, 2013.

Elaine I. Marshall

Secretary of State