Office Use Only



800248518448

CEIVED 13 JUN 18 PH 4:51 FILED



ACCOUNT NO. : 12000000195

REFERENCE : 691864 7746302

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 17, 2013

ORDER TIME : 9:23 AM

ORDER NO. : 691864-005

CUSTOMER NO: 7746302

FOREIGN FILINGS

NAME: SCHELLMAN & COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

CR2E027 (9/10)

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	Schellman & Company, LLC				
SUBJECT: _		Name of Lir	nited Liability Comp	any	
		Name of Limited Liability Company ed Liability Company for Authorization to Transact Business in Florida," Certificate of er the above referenced foreign limited liability company to transact business in Florida this matter to the following: Name of Person LLC Firm/Company ulevard, Suite 240 Address City/State and Zip Code ntLine.com dress: (to be used for future annual report notification) er, please call: 866 254.0000 x103 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 amount:			
Please return a	Il correspondence concerning this	matter to the	e following:		
	Michael McKeown				
		N	ame of Person		
	Schellman & Company, LLC	:			
		F	irm/Company		mangana, yan pagi ni 1964 (kin di kin di 1974) yan di disadarahi di sakasi kara sakara yanda sawada
	1300 N. West Shore Boulev	ard, Suite 2	240		
			Address		
	Tampa, Florida 33607				
		City/S	tate and Zip Code		· · · · · · · · · · · · · · · · · · ·
	Michael.Mckeown@BrightLin	e.com			
	E-mail address	s: (to be use	d for future annual re	port notif	ication)
For further info	ormation concerning this matter, pl	lease call:			
Michael McKeown					00 x103
	Name of Person	Are			Number
Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section 3ox 6327 nassee, FL 32314	Division Registr Clifton 2661 E	on of Corporations ration Section Building executive Center Circ	ele	
	a check for the following am 25.00 Filing Fee \$130.00 Fi Certificate	ling Fee &	□ \$155.00 Filing Certified Copy	•	☐ \$160.00 Filing Fee, Certificate of Status & 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:

Schellman & Company, LLC
(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 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. LA 3. 51 0481112
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. August 26, 2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1300 N. West Shore Boulevard, Suite 240
Tampa FL 33607
(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 follows:
Christopher Schellman, 1300 N. West Shore Boulevard, Suite 240, Tampa, FL 33607
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: SSAE 16 (SOC 1) examinatio
SOC 2 examinations, SOC 3 examinations, PCI DSS compliance validation and FedRAMP
//// AG & _
Signature of a phase supplied and a supplied as a supplied
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 periors that the facts study herein are true. Lam aware that any false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155%F.S.
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.

Schellman and Com	· · · · · · · · · · · · · · · · · · ·	e state of Florida is: of the registered agent and office are:		
	· · · · · · · · · · · · · · · · · · ·	of the registered agent and office are:		
C	Corporation Service Company			
		(Name)		
12	201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Та	ıllahassee	32301 FL		
		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.

Sue G. Knight

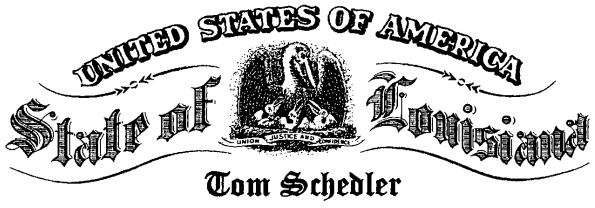
By:

(Signature)

Sue G. Knight

Assistant Vice President

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



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

SCHELLMAN & COMPANY, LLC

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on August 26, 2003,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 17, 2013

Certificate ID: 10392367#HTL73

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State
Web 35543693K