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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Gratitube, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Jason Caras

Name of Person

Gratitube, LLC

Firm/Company

5102 W. Laurel Street, Suite 800

Address

Tampa, FL 33607

City/State and Zip Code

jcaras@itauthorities.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Caras

,813 \ 356-016°

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:** 

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:** 

Tallahassee, FL 32301

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINE	JESS IN THE STATE OF FLORIDA:
1. Gratitube, LLC  (Name of Foreign Limited Liability Company; 1)	must include "Limited Liability Company," "L.L.C.," or "LLC.")
	r the purpose of transacting business in Florida and attach a copy of the written ing the alternate name. The alternate name must include "Limited Liability
<sub>2.</sub> Montana	<sub>3.</sub> 45-5388904
(Jurisdiction under the law of which foreign limited company is organized)	l liability (FEI number, if applicable)
<sub>4.</sub> 05/19/2012	<sub>5.</sub> Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 06/01/2012	्री कि <b>व्य</b> रिक्री —
(Date first transacted busi (See sections 608.501 & 60	siness in Florida, if prior to registration.) 08.502 F.S. to determine penalty liability)
<sub>7.</sub> 5102 W. Laurel Street, Suite 8	800
Tampa, FL 33607	
· ·	eet Address of Principal Office)
8. If limited liability company is a manager-n	managed company, check here
9 The name and usual business addresses of	f the managing members or managers are as follows:
Jason Caras	the managing members of managers are as follows.
5102 w. Laurel Street, Suite 8	800
Tampa, FL 33607	
the jurisdiction under the law of which it is organized. (A translation of the certificate under oath of the translator m	•
11. Nature of business or purposes to be cond	nducted or promoted in Florida: Software development
· · · · · · · · · · · · · · · · · · ·	er or an authorized representative of a member.
penalties of perjury that the facts stated he	F.S., the execution of this document constitutes an affirmation under the herein are true. I am aware that any false information submitted in a econstitutes a third degree felony as provided for in s.817.155, F.S.)
Jason Caras	

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.

Gratitube,	e Limited Liability Co LLC	mpany is:			
If unavailable, the	alternate to be used in	the state of Florida is:		ಪ	
2. The name and	he Florida street addre	ess of the registered agent and office are:	NASA Tage	JUN 28	e vine man
J	ason Caras			I	
<del></del>		(Name)		ተ፡ ተዐ	•
5	5102 W. Laur	el Street, Suite 800	ž.	Ç	
_	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	_		
<u> 1</u>	ampa	<sub>FL</sub> 33607	_		
		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.

(Signature)

\$ 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

### STATE OF MONTANA

#### CERTIFICATE OF EXISTENCE

I, LINDA McCULLOCH, Secretary of State of the State of Montana, do hereby certify that

#### **GRATITUBE LLC**

duly filed its Articles of Organization in this office on MAY 22, 2012, and on that date was created a limited liability company.

I further certify that all taxes, fees and penalties owed to this state have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this April 17, 2013.

Willsel

LINDA McCULLOCH

Secretary of State

Certified File Number: C226321