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Foreign Limited Liability Company Left Shift IT LLC

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J. SAULSBERRY EXAMINER AUG 12 2013

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Fax Audit: H130001775833

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:

1. Left Shift I	T LLC of Foreign Limited Liability Comp	any; must include "Lit	mited Liability Company," "L.L.C.,	or "LLC.")
(If name unavai	ilable, enter alternate name adopte	d for the purpose of tra	ansacting business in Florida and at	tach a copy of the writ
consent of the n	nanagers or managing members ac	lopting the alternate na	ame. The alternate name must inclu-	de "Limited Liability
Company," "L.	L.C.," "LLC.")			_
2. Delaware		3,	(FEI number, if applicable	190
(Jurisdiction company is o	under the law of which foreign lin organized)	nited liability		le)
4, 6/20/2013		5.	perpetual	
	(Date of Organization)	(D	uration: Year limited liability comp ist or "perpetual")	any will cease to
6		· · · · · · · · · · · · · · · · · · ·		
	(Date first transacted (See sections 608.501	business in Florida, if & 608.502 F.S. to dete	prior to registration.) ermine penalty liability)	£
7. 4308 Wilds	star Circle, Wesley Chapel, Flor	rida 33544		- # 3
				AUG
	(3	Street Address of Prince	cipal Office)	9
8. If limited	liability company is a manag	ger-managed comp	any, check here	5
9. The name	and usual business addresse	s of the managing	members or managers are as f	follows See 5
Edward No	esbit, 4308 Wildstar Circle, Wes	llev Chanel, Florida	33544	v 0
				
the jurisdiction u translation of the	an original certificate of existence, no under the law of which it is organize e certificate under cath of the translat f business or purposes to be	d (A photocopy is not or must be submitted)	I, duly authenticated by the official has acceptable. If the certificate is in a for oted in Florida:	ving custody of records reign language, a
All lawful b	business			
	(n n+	7		<u> </u>
	- Colod V	V//R		
	(In accordance with section	on 608.408(3), F.S., the c	ed representative of a member execution of this document constitutes the facts stated herein are true.)	•
	Edward Nesbit		·	
		ed or printed name	of signee	
	Fax Audit:	H13000 17-	758 33	·

600.9 1038 728 803

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Fax Audit: H130001775833

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:								
Left Shift IT LLC If name unavailable, the alternate name to be used in the state of Florida is:								
								2. The nam
	Business Filings Incorpo	hatad		**	Ē			
	Business I mings meorpo	nated	(Name)	27 27 27 27 27 27 27 27	9			
	515 E. Park Avenue,			وند. درگ	Ä			
	S TATE L ORID	<u>5</u>						
	Tallahassee		FL 32301	720	\sim			
-			City/State/Zip					
liability con agent and a relating to to obligations	npany at the place designated gree to act in this capacity. I the proper and complete perf of my position as registered o	d in thi. I furthe Formani	accept service of process for the above states certificate, I hereby accept the appointment agree to comply with the provisions of all ce of my duties, and I am familiar with and as provided for in Chapter 608, Florida Sta	nt as registe I statutes accept the	red			
Nahl								
	(Signature)							
Mark Willian	ns, A.V.P., Business Filings In	corpora	ated	•				
	\$ 10	0.00	Filing Fee for Application					
			Designation of Registered Agent					
		0.00	Certified Copy (optional)					
	\$:	5.00	Certificate of Status (optional)					

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LEFT SHIFT IT LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE SEVENTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

CALL VALUE -9 AM ID: 52

5354373 8300

130962659

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 0646014

DATE: 08-07-13

608 827 6601 P.002

1099 728 803

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