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SECRETARY OF STAFE DIVISION OF COSPORATIONS

AUG 1 6 2013 T. HASAPTON CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Somahlution, 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:

Theresa Crawford
Name of Person
Somahlution, Inc.
Firm/Company
3369 39th Street South - Suite 2
Address
Fargo, ND 58104
City/State and Zip Code
theresa.crawford@somahlution.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

.. / U1

491-7770

Name of Person

Area Code & Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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



June 11, 2013

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in

Florida by Somahlution, LLC

To Whom It May Concern:

Somahlution, Inc., a corporation organized in Delaware, hereby authorizes Somahlution, LLC to use a similar name.

Please contact Theresa Crawford if you have any questions or need any additional information. Her number is (701) 491-7770 ext 1003.

Sincerely,

Satish Chandran CEO and Treasurer

SECRETARY OF STATION OF CORPOSITION OF CORPOSITION 35

### 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. Somahlution, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")	of the v	
2. Delaware  (Jurisdiction under the law of which foreign limited liability)  3. (FEI number, if applicable)		
company is organized)		
4. 05/31/2013 (Date of Organization)  5. perpetual (Duration: Year limited liability company will ce	ase 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. 225 Chimney Corner Lane - Suite 2001	نن	DIVI S
Jupiter, FL 33458	AUG	SIGN
(Street Address of Principal Office)	S	- 유규 - 유규 - 유규
8. If limited liability company is a manager-managed company, check here	AH 10: 35	Mar of or
9. The name and usual business addresses of the managing members or managers are as follows:	ίς U	Tions
Satishchandran Chandrasekhar, Catherine Pachuk, Amar Dhaduk, Vithal Dh		
225 Chimney Corner Lane - Suite 2001, Jupiter, FL 33458		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custom the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under eath of the translator must be submitted.)	guage, a	cords i
11. Nature of business or purposes to be conducted or promoted in Florida: Medical Device	:S	
7000	<del></del>	, <b>•</b>
Signature of a member or an authorized representative of a member.		

Typed or printed name of signee

Theresa Crawford

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am 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.)

### 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:  Somahlution, LLC	
If unavailable, th	ne alternate to be used in the state of Florida is:
2. The name and	I the Florida street address of the registered agent and office are:
	Corporation Service Company
-	(Name)
	1201 Hays Street
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee <sub>FL</sub> 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.

Melanie Adans Asst VP

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

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOMAHLUTION, 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 EIGHTEENTH DAY OF JULY, A.D. 2013.

5349919 8300

130893582

AUTHENTICATION: 0598265

DATE: 07-18-13

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