

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323)962-8600

Fax Number

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

Email Address:

Foreign Limited Liability Company TCS Global Solutions, LLC

Certificate of Status 0 Certified Copy 1 Page Count 05 Estimated Charge \$155.00

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Corporate Filing Menu

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AUG S 0 2013

EXAMINER

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8/29/2013

FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	
DATE	2013-08-29 06:55:14 PDT	
RE	FL SOS - LZ Order 505631724	

COVER MESSAGE

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2013 AUG 29 AM 8: 10

COVER LETTER

10.	Division of Corporation	S				
SUBJE	CT:	TCS	GROUP, LLC.			
		Nam	e of Limited Liability Company		•	
Existenc	losed "Application by Foce, and check are submitted	ed to register the abo	lity Company for Authorization to To ove referenced foreign limited liabilities to the following:	ransact Business in Florida, ty company to transact busin	" Certificate of ness in Florida	
			Imelda Vasquez			
			Name of Person			
			Legalzoom.com, Inc.			
			Firm/Company			
100 W. Broadway Suite 100						
		100	· Address			
			•			
	<u>-</u>		Glendale, CA 91210	· · · · · ·		
			City/State and Zip Code			
sstewart@tcsgrp.com						
		E-mail address: (to	be used for future annual report not	ification)		
For furt	her information concerni	ng this matter, pleas	e call:			
	Imeld	a Vasquez	at (323)	962-8600		
Enclos	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 sed is a check for the	is	Area Code & Daytime Telephor STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SECRETARY OF STATE TALLAHASSEL, FLOR	FILED 2013 AUG 29 AH 8:	
	\$125.00 Filing Fee	\$130.00 Filing Certificate of	Fee & \$155.00 Filing Fee &	\$160.00 Filing Fee, C of Status & Certif		

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of TCS GROUP, LLC.
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
GA
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
TCS Global Solutions, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: 7/19/2013
Signature(s) of Manager(s) and/or Managing Member(s):
29 V
<u> </u>

CR2E122 (7/07)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. Olomo of Fo	TC reign Limited Liability Company;	S GROUP, LI	_C.	C no. al Cn	
(Manue or Lo		Slobal Solutions,		.c., or LLC. j	
(If name unavailable consent of the mana Company," "L.L.C,"	e, enter alternate name adopted for gers or managing members adopt	r the purpose of trans	acting business in Florida an	d attach a copy of the	_ e written illity
2. (Jurisdiction unde company is organ	Georgia or the law of which foreign limited ized)	Thability 3.	(FEI number, if appl	icable)	»
4.	8/03/2005 rate of Organization)	5.	Perpetual		
(D	ate of Organization)	(Dura exist o	tion; Year limited liability co or "perpetual")	ompany will cease to	
6			, , , , , , , , , , , , , , , , , , , ,		_
	(Date first transacted bus (See sections 608,501 & 60	iness in Florida, if pri 08.502 F.S. to determ	or to registration.) ine penalty liability)	SECRE LARVALLAH VSSI	-11
7. 3645 Market	Place Blvd Suite 130 PM	B 273		LAR BE	سيريو _س سيدرو <u> </u>
Atlanta, GA	30344 (Stree			29 1886	- T
	(Stre	ct Address of Principa	al Office)	- FA	
8. If limited liab	ility company is a manager-	managed company	y, check here 🔽	ELORI STATE	•
9. The name and	d usual business addresses of	f the managing me	embers or managers are		か
Stephen S	tewart, 3645 MarketPla	ace Blvd Suite	130 PMB 273, Atla	nta, GA 3034	<u> </u>
10. Attached is an or	iginal certificate of existence, no mo	nne than 90 days old, di	uly authenticated by the officia	I having custody of n	- ecords in
the jurisdiction under	r the law of which it is organized. (/ ificate under oath of the translator n	A photocopy is not acc	eptable. If the certificate is in a	a foreign language, a	
11. Nature of bu	isiness or purposes to be con	ducted or promote	ed in Florida:		
	technology - co	onsumer manufa	acturer supply.		_ .
		to the			
	Signature of a member (In accordance with section 6 an affirmation under the pena	08.408(3), F.S., the exec	representative of a ment cution of this document constitu- facts stated herein are true.)	nber. tes	
		Stephen Stew			
	Typed	or printed name of	f signee		

Page 5 of 7

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 Compa	ny is:		•
TCS	ROUP, LLC:		
If unavailable, the alternate to be used in the	state of Florida is:		
TCS Glo	al Solutions, LLC		
2. The name and the Florida street address of	The registered agent at	nd office are:	2013 AUG
United States	Corporation Agents_ (Name)	Inc.	RE JAR AHASS
13302 Wind	ng Oaks Blvd., Suite	Δ	E =
	ess (P.O. Box NOT ACCEPT		8: 16 STATE STATE
Tampa	<u>FL</u> 33688		200
	City/State/Zip		
Having been named as registered agent and to liability company at the place designated in the agent and agree to act in this capacity. I furtherelating to the proper and complete performant obligations of my position as registered agent (Signature)	s certificate, I hereby ac er agree to comply with ce of my duties, and I ar as provided for in Chap	reept the appoint the provisions of n familiar with a	ment as registered fall statutes nd accept the
Jake Varghese, VP on behalf of United Sta	es Corporation Agents, Inc.		
\$ 100.00	Filing Fee for Applies		•
\$" 25.00 \$" 30,00	Designation of Regist Certified Copy (optio		
\$ 500 \$ 500	Certificate of Status (

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER

: 0553360 DATE INC/AUTH/FILED : August 03, 2005

JURISDICTION PRINT DATE

. Georgia : 7/1/2013 10:59:12 AM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> TCS GROUP, LLC. A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

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