Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000202433 3)))



H130002024333ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608) 827-5300

Fax Number

: (608)827-5501

**Enter the email address for this business entity to be used for future."

annual report mailings. Enter only one small real

Email Address:

Foreign Limited Liability Company

Q Analysts LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$902.50

SEP 1 3 2013

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

1099 728 809 P.001

0/11/2013 ZEb-13-5013 10:11

H130002024333

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.	Q ANALYSTS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L npany," "L.L.C.," "LLC.")	the wr
7	California Jurisdiction under the law of which foreign limited liability on party is organized) 3. 51-0465505 (FEI number, if applicable)	
↓ .	5/14/2003 (Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to o
5,	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	5201 Great America Pkwy Ste 238, Santa Clara, California 95054	
	(Street Address of Principal Office)	
3.	If limited liability company is a manager-managed company, check here	SECRETA
)_	The name and usual business addresses of the managing members or managers are as follows:	TA AN
		3
	Thuy To, 5201 Great America Pkwy Ste 238, Santa Clara, California 95054	<u></u>
	Emily Yuen, 5201 Great America Pkwy Ste 238, Santa Clara, California 95054	
he	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language islation of the certificate under eath of the translator must be submitted.)	
11	Nature of business or purposes to be conducted or promoted in Florida:	
	All lawful business	·
	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 perjury that the facts stated herein are true.) Ross Fernandes	

EEE/600081H 608 827 6601

Typed or printed name of signee

H130002624333

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 L	imited Liability Compa	any is:
Q ANALYSTS LLC		·
If name unavailable, t	he alternate name to be	e used in the state of Florida is:
2. The name and the	Florida street address o	of the registered agent and office are:
Busin	ess Filings Incorporated	
		(Name)
515 <u>E</u>	. Park Avenue,	
	Florida Street Addr	ess (P.O. Box NOT ACCEPTABLE)
<u>Tallah</u>	assee	ESS (P.O. BOX NOT ACCEPTABLE) FL 32301 City/State/Zip SS (P.O. BOX NOT ACCEPTABLE) A S C C C C C C C C C C C C C C C C C C
		بريم أربي
liability company at the agent and agree to act relating to the proper of	e place designated in th in this capacity. I furth and complete performan	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes have of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.
Nahl		
'	(Signature)	
	Business Filings Incorpor	rated
	\$ 100.00	Filing Fee for Application
	\$ 25.00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)

5.00 Certificate of Status (optional)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: Q ANALYSTS LLC

FILE NUMBER: FORMATION DATE:

200313710010

TYPE:

05/14/2003 DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 16, 2013.

DEBRA BOWEN Secretary of State

JNG