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SECRETARY OF STATE
TALLAHASSEE, FLORIO

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	WALK IN
	PICK UP: 10-31-13
A	CERTIFIED COPY
	РНОТОСОРУ
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A	FILING Foreign LLC
((Synapse Product Development, LLC CORPORATE NAME AND DOCUMENT #)
((CORPORATE NAME AND DOCUMENT #)
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PECIAL I	NSTRUCTIONS:

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. Sun ap Se Product Development UC (Name of Foreign Limited Liability Company, "Manual Foreign Limited Liability Company," "L.L.C.," or "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 of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")
2. State of Washington (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
1 12/1/2001 s perpetual PR S
4. 12/1/2001 (Date of Organization) 5. Derpetual (Duration: Year limited liability company will causely exist or "perpetual")
exist of perpetual)
6. 1/14/2013 (Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1511 - 6th Avenue, Fourth floor
Seattle, WA 98101 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Engineering Services
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. 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.)
Diane Renihan
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.

1. The name of	the Limited Liability Con	npany is:	
Sign	rapse Product I	Swelopment LLC	
U	t he alternate to be used in t	•	
2. The name an	d the Florida street addres	s of the registered agent and office are:	
	Paracorp Incorprated		
	(Name)		
	236 East 6th Aven	aue	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	32303 FL	
		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.

\$ 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

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF SYNAPSE PRODUCT DEVELOPMENT LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 4/20/2006.

I FURTHER CERTIFY that as of the date of this certificate, SYNAPSE PRODUCT DEVELOPMENT LLC remains active and has complied with the filing requirements of this office.

Date: October 23, 2013

UBI: 602-606-666

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State