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ACCOUNT NO. : I2000000195

REFERENCE: 909358 7650460

AUTHORIZATION :

COST LIMIT : \$ 125 !0

ORDER DATE: December 4, 2013

ORDER TIME : 9:06 AM

ORDER NO. : 909358-005

CUSTOMER NO: 7650460

FOREIGN FILINGS

NAME: CONVERGEX SOLUTIONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503 FLORIDA STATUTES THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	IE STATE OF FLORIDA:
1. ConvergEx Solutions LLC (Name of Foreign Limited Liability Company; must include the company).	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo	ose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	mate name. The atternate name must include "Limited Liability
2. Delaware	3. 58-2516684
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable) →
1. September 27, 2006	5. perpetual
(Date of Organization)	(Duration: Year limited liability company; will cease to exist or "perpetual")
5. Upon filing	iii. or i
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.)
1633 Broadway, 48th Floor	Similar penanty naturnty)
New York, NY 10019	ω
(Street Address	of Principal Office)
 If limited liability company is a manager-managed The name and usual business addresses of the mana Vincent J. Fitzpatrick, 1633 Broadway, 48th Floor, Nev 	aging members or managers are as follows:
John D. Meserve, 1633 Broadway, 48th Floor, New Yo	ork, NY 10019
Joseph M. Velli, 1633 Broadway, 48th Floor, New York	k, NY 10019
ne jurisdiction under the law of which it is organized. (A photocop anslation of the certificate under oath of the translator must be sub-	mitted.)
1. Nature of business or purposes to be conducted or	
depositary business and engage in any lawful act or act	tivity as may be permitted.
leasur les	suit
, .	thorized representative of a member. ution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true	e. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
Heather A. Sisler	

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	of the Limited Liability	Company is:			
ConvergEx Sol	lutions LLC				_
If unavailable,	, the alternate to be used	in the state of Florida is:			
2. The name a	and the Florida street add	dress of the registered agent and office are:			_
	Corporation Service Co	ompany	E	ယ	
		(Name)	— <u>*</u>	030	77
	1201 Hays Street			Ŝ	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			*	ED	
	Tallahassee	FL 32301	ORIDA	00 00	
	 	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.

Corporation Service Company

By:

Assistant Vice President

(Signature)

\$ 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 "CONVERGEX SOLUTIONS 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 FOURTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVERGEX SOLUTIONS LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

13 0EC -5 AN 10: OC

4226306 8300

131379242

AUTHENT CATION: 0948003

DATE: 12-04-13

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