# 11400001097

(Requestor's Name)				
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
OverSite Data Services, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifi Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in E	
Please return all correspondence concerning this matter to the following:	
Mary M Calcote	
Name of Person	
Smith Hulsey & Busey	
Firm/Company	
PO Box 53315	
Address	
Jacksonville FL 32201-3315	
City/State and Zip Code	
george@albertellilaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	49
E-mail address: (to be used for future annual report notification)	P E
	T. 7.
Name of Contact 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   Certified Copy   Certified Copy   Status & Certified Copy   Ce	e

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alter Liability Company," "L.L.C," or "LLC.")	rnate name must include "Limited
2. Delaware 3. 46-3718706	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if	applicable)
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
<sub>5.</sub> 208 North Laura Street, Suite 900	
Jacksonville, Florida 32202	
6. 208 North Laura Street, Suite 900	2014
Jacksonville, Florida 32202	rg
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority	to manage is/are:
James E. Albertelli AL	<u> </u>
8. Attached is an original certificate of existence, no more than 90 days old, duly au	
having custody of records in the jurisdiction under the law of which it is organized. acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	
L Man	
Signature of an authorized person	

Stephen D. Moore, Jr.

Typed or printed name of signee

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 605.0113 or 605.0902 (1)(d), 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:

OverSite	e Data Servic	es, LLC	
If unavailable,	the alternate to be used	in the state of Florida is:	
2. The name a	nd the Florida street add	ress of the registered agent and office are:	
	Smith Hulsey & E	Busey, Professional Association (Name)	2014 F
		Street, Suite 1800	
	Jacksonville	et Address (P.O. Box NOT ACCEPTABLE)  32202  FL  City/State/Zin	AM III: 05

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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 605, Florida Statutes.

(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 :

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "OVERSITE DATA SERVICES, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OVERSITE DATA SERVICES, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2011.

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

5053226 8300

140158991

Jeffrey W. Bullock, Secretary of State **AUTHENT CATION:** 1125137

DATE: 02-11-14

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