# W14000004506

(Re	equestor's Name)	
(Ác	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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BEPARTYENT OF STAFE

B. BOSTICK

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JUN 2 6 2014

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 193266 4300740

AUTHORIZATION Smelle le man

COST LIMIT

ORDER DATE: June 25, 2014

ORDER TIME : 2:48 PM

ORDER NO. : 193266-005

CUSTOMER NO: 4300740

#### FOREIGN FILINGS

NAME: TEAMVIEWER US, LLC

XXXX (	JOATTE.T(	CATIC	)N	(TYPE:	<u>لىل</u> :	ī)			
PLEASE	RETURN	THE	FOLLO	WING	AS	PROOF	OF	FILING:	
XX	CERTII	STAM	IPED C		C TTT	MUTNG			

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

Name of Limited Liability Company

TO:

Registration Section Division of Corporations

TeamViewer US, LLC

***	bility Company for Authorization to Transact Business in Florida," above referenced foreign limited liability company to transact busin	
Please return all correspondence concerning this ma	atter to the following:	
Andre Schindle	er	
	Name of Person	
TeamViewer		
	Firm/Company	
3001 North Roc	ky Point Drive East, Suite 200	
	Address	
Tampa, FL 336	507	
	City/State and Zip Code	
schindler@team	nviewer.com	
	: (to be used for future annual report notification)	#4.77 
For further information concerning this matter, please	ase call:	
Andre Schindler	<sub>at (</sub> 727 ) 272-0509	10)
Name of Contact Person	Area Code Daytime Telephone Number :	انون سند حزّ
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section	ني. <u>دي</u> <u>دي</u>
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amou	unt:	

□ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

☐ \$130.00 Filing Fee &

Certificate of Status

■ \$125.00 Filing Fee

### 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:

(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. The alternat- Liability Company," "L.L.C," or "LLC.")	e name must includ	Ie "Limited
Delaware		
(Jurisdiction under the law of which foreign limited liability (FEI number, if approximately)	licable)	
4.	}	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		7.53 7.2
3001 North Rocky Point Drive East, Suite 200	. :	
Tampa, FL 33607		n n
(Street Address of Principal Office)	٠,	<u> </u>
3001 North Rocky Point Drive East, Suite 200	-,	<u>(j</u>
Tampa, FL 33607	i.	22
Allore occupille – Fresidentonello, (same accress as assis).		III I <i>I</i> EXI IX
Andre Schindler – President/director, (same address as above f Holger Felgner – secretary, and Katrin Krebs - treasurer		

## 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.

	f the Limited Liability Co Swer US, LLC	mpany is:			
If unavailable,	the alternate to be used in	the state of Florida is:			
2. The name a		ss of the registered agent and office are:		123	<u></u>
Corporation Service Company				•	
		(Name)		- :	e de E ma
1201 Hays Street			,		: 
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			ز	
	Tallahassee	32301 FL	-	150 427	
		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 605, Florida Statutes.

mily Bray AsstVP

\$ 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 "TEAMVIEWER US, 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEAMVIEWER US, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5553078 8300

140883006

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1485805

DATE: 06-25-14

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