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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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#### **COVER LETTER**

SUBJECT:	Don	Source	Trainin	0 1/0.		
SUBJECT	<u> </u>	OUNICC	Name of Limit	d Liability Company	,	
						ransact Business in Florida," Certifica ty company to transact business in Florida
Please return all co	orrespondence	concerning this	s matter to the	following:		
_			Sta	cey Burg	e	
			-			
_			Open	Source T	rainic	ng, LC
			· F	irm/Company		<b>J</b>
_		P(	) Box	110264		
				Address -		
_				denton/	FL_	34202
		- 1	_	tate and Zip Code		
_		Sta E-mail add	ress: (10 be use	OS Traini	ng. (	cation)
For further inform	ation concerni					······
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Otac	ey but	Contact Perso	n	at ( <u>678</u> Area Code	_) <b></b> (	aytime Telephone Number
	G ADDRESS			ET ADDRESS:		-y
Division	of Corporation		Divisio	n of Corporations		
P.O. Box			-	ation Section Building		
Tallahass	ee, FL 32314		2661 E	xecutive Center Cinssee, FL 32301	rcle	
Enclosed is a cl	heck for the	following an	nount:			
	00 Filing Fee	\$130.00 F		□ \$155.00 Filin Certified Co	_	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	EIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Ifnan Liabil	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ity Company," "L.L.C," or "LLC.")
2	Delaware  3. 27-1317163  (FEI number, if applicable)
(Jui	Delaware 3. 27-1317163 (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)
5	12013 Beeflower Dr.
_	Lake wood Ranch, FL 34202 (Street Address of Principal Office)
6	Po Box 110264
_	Bradenton, PL 34211 (Mailing Address)
7 7	
7. 1	The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Stacey Burge
	Director of Operations
	PO Box 110264
8. At	Braderton, FL 37211 tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
acce	ng custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not patable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator be submitted)
	Sacey Bush
In acco	Signature of an authorized person ordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I re 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.)
	Stacey Burge Typed or printed name of signee
	Typed of printed name of signee

### 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:	
Open Source Training, LLC	
If unavailable, the alternate to be used in the state of Florida is:	STORT (ST
2. The name and the Florida street address of the registered agent and office are:	EF.FL
Stacey Burge	
12013 Beeflower Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Lakewood  Ranch FL 34202  City/State/Zip	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointman registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, Statutes.  (Signature)	ent as visions of all with and

\$ 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 "OPEN SOURCE TRAINING, 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 TWELFTH DAY OF AUGUST, A.D. 2014.

5267881 8300

141054774

AUTHENTY CATION: 1612969

DATE: 08-12-14

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