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9/18/14

NAME: E5 SOLUTIONS GROUP, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

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ACCOUNT: FCA000000015

AUTHORIZATION:

COVER LETTER

то:	Registration Section Division of Corporations	
SÚBJE	ECT: e5 Solutions Group, LEC	
00110	Name of Limited Liability Company	
The end Existen	closed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certification, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	te o orida
Please	return all correspondence concerning this matter to the following:	
	Jill'M. Ormond	
	Name of Person	
	Kaplin Stewart	
	Firm/Company	
	910 Harvest Drive	
	Address	
	Blue Bell, PA 19422	
	City/State and Zip Code	
	deb.hunley@c5solutions.com	
	E-mail address: (to be used for future annual report notification)	
For furt	ther information concerning this matter, please call;	
	Jill M. Ormond at (610 941-2583	
	Name of Contact Person at (610) 941-2583 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	
Enclos	sed is a check for the following amount: \$\Begin{align*} \pm \$125.00 \text{ Filing Fee} & \Box \text{ \$\$130.00 \text{ Filing Fee} & \Box \text{ \$\$Certificate of Status} & \text{ Certified Copy} & \text{ of Status & Certified Copy} \end{align*} \$\Begin{align*} \pm \$155.00 \text{ Filing Fee} & \Box \text{ \$\$\$\$ \$\$Certified Copy} & \text{ of Status & Certified Copy} \end{align*}	

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:

c5 Solutions Group, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limite liability Company," "L.L.C," or "LUC,").	d
Pennsylvania 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
Upon Filing.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
910 Harvest Drive, Second Floor, Blue Bell, PA:19422 (Attn: KFH)	
	řin Sen
(Street Address of Principal Office)	
	, ,
910 Harvest Drive, Second Floor, Blue Bell, PA 19422 (Attn: KFH)	307
(Mailing Address)	Zm.
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
1) Peter Wolf, Managing Member, 910 Harvest Drive, Second Floor, Blue Bell, PA 19422, (2) George James Ryan, Jr.	
Managing Member, 910 Harvest Drive, Second Floor, Blue Bell, PA 19422, (3) Joseph Lincoln, 910 Harvest Drive, Second	
Ploor, Blue Bell, PA 19422, (4) Troy Baak, 910 Harvest Drive, Second Ploor, Blue Bell, PA 19422	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ecceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translations the submitted) Signature of an authorized person accordance with section 605.0203; F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein an 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.)	or
Pamela Hanson, Director of Operations	
Typed or 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 Liabilit	y Company is:	
e5 Solutions Group	o, LĽC		
If unavailable, t	he alternate to be use	ed in the state of Florida is:	
2. The name an	d the Florida street a	address of the registered agent and office are:	
	C T Corporation System	m,	2814
		(Name)	SEP FIL
	1200 South Pine Island	· ·	SSA 60 12
Florida Street Address (P.O., Box NOT ACCEPTABLE)			四点 星 口
	Plantation	FL 33324	9-
		City/State/Zip	ne ne en e

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.

VickiAnn Owens

The Corporation System

Special Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

SEPTEMBER 18, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

E5 SOLUTIONS GROUP, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care aile

Certification Number: 12119747-1

Verify this certificate online at http://www.corporations.state.pa,us/corp/soskb/verify.asp