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SECRETARY OF STATE

DEPARTMENT OF STATE

N. Guilden NOV 1 9 2014



ACCOUNT NO. : I2000000195

REFERENCE: 380301 8017066

AUTHORIZATION :

COST LIMIT

ORDER DATE: November 17, 2014

ORDER TIME : 9:10 AM

ORDER NO. : 380301-010

CUSTOMER NO: 8017066

FOREIGN FILINGS

NAME: IN/PACT SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

го:	Registration Section					
	Division of Corporations	<u> </u>				
	is /DAT					
SUBJE	CT. 11/ 17C1	Solution LC				
0 D0 L	Name	of Limited Liability Company				
The enc	losed "Application by Foreign Limited Liabili	ity Company for Authorization to Transact Business in Florida," Certificate of				
Existen	ce, and check are submitted to register the abo	ove referenced foreign limited liability company to transact business in Florida				
Hence r	cturn all correspondence concerning this matte	ter to the following:				
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For fun	her information concerning this matter, please	e call:				
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	/ (DA71)9x	2 7/14 734-4449				
	Name of Contact Person	Area Code Daytime Telephone Number				
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	MAILING ADDRESS:	STREET ADDRESS:				
	Division of Corporations Registration Section	Division of Corporations Registration Section				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				
n .						
Enclos	sed is a check for the following amoun					
	□ \$125.00 Filing Fee □ \$130.00 Filing Certificate of \$					
	Certificate of S	Status Certified Copy of Status & Certified Copy				

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: I. IN/PACT SOLUTIONS, LLC (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 alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 2. (Jurisdiction under the law of which foreign limited liability company is organized) 11/14/2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7512 Dr. Phillips Blvd., Suite 50-410 Orlando, FL 32819 (Street Address of Principal Office) 6. 7512 Dr. Phillips Blvd., Suite 50-410 Orlando, FL 32819 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Authorized Representative 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In 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 are true, I 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.)

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.

I. The name o	of the Limited Liability	Company is:	
If unavailable,	the alternate to be use	d in the state of Florida is:	
2. The name a	and the Florida street ac	ddress of the registered agent and office are:	
	Thomas Gainor		显着重型
	(Name)		瑟 二 己
	10920 Golden Eagle	Ct.	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		7.00 P
	Plantation	FL ³³³²⁴	36
		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.

Thomas Gainor

Ву:

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(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

S 5.00 Certificate of Status (optional)

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "IN/PACT 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IN/PACT SOLUTIONS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2014.

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

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Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1872977

DATE: 11-17-14

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