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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2014

LAUREL BLOEDORN 14078 SETH RD ORLANDO, FL 32824

SUBJECT: CONVERGADATA LLC Ref. Number: W14000069671

We have received your document for CONVERGADATA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00024534

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

ConvergeData LLC

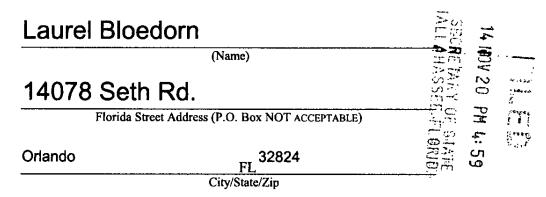
Existence, and check are submitted Please return all correspondence co	•		•	• •	
Laurel E	Bloedorn				
	N	ame of Person			
Converç	geData LLC				
	F	irm/Company			
14078 5	Seth Rd.				
., 		Address			
Orlando	, FL 32824				
	City/S	tate and Zip Code			
laurel.ble	oedorn@coi	nvergeda	ta.co	m	
	E-mail address: (to be use				
For further information concerning	this matter, please call:				
Bryant Bloe	dorn	_at (469	247-	6430	
Name of	Contact Person	Area Code		ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ration Section Building xecutive Center Cir assee, FL 32301	cle		
Enclosed is a check for the fo	ollowing amount: \$\Bigsirem\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop		□ \$160.00 Filing Fee, Co of Status & Certified	

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:	
ConvergeData LLC	
If unavailable, the alternate to be used in the state of Florida is:	

2. The name and the Florida street address of the registered agent and office are:



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)

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 unavailable, enter alternate name adopted for the purpose of transacting bus ability Company," "L.L.C," or "LLC.")	siness in Florida. The alternate name must include "Limit	
	5417260	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
N/A		
(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to deter	mine penalty liability)	
8330 Lyndon B Johnson Freewa	y, Suite 310	
Dallas, TX 75243		
(Street Address of Principal	Office)	
14078 Seth Rd.	≥ (c) = 1	
Orlando, FL 32824	A 50	
(Mailing Address)	S을 2 9년 0	
. The name, title or capacity and address of the person(s) who	has/have authority to mariage is are:	
aurel Bloedorn - President		
Bryant Bloedorn - VP of Sales	<u> </u>	
	90 days old, duly authenticated by the offic	

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.)

Laurel Bloedorn

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ConvergeData LLC (file number 801605337), a Domestic Limited Liability Company (LLC), was filed in this office on May 31, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 17, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 577724260003