Page 1 of 1



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (B50)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

#### Foreign Limited Liability Company CATAPULT INTEGRATED SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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Corporate Filing Menu

Help

Registration Section

TO:

#### COVER LETTER

DIAIRO	1 of Corporations				
SUBJECT: Cal	apuli Integrated Sc	rvices, LLC			
		Name of Limite	d Linbility Company		
The enclosed "A Existence, and ch	pplication by Foreigneck are submitted t	gn Limited Liability Comp o register the above refer	cany for Authorization tenced foreign limited lis	o Transact Business in Florida," Co bility company to transact business	ertificate of 1 in Florida.
Please return all	correspondence cor	cerning this matter to the	following:		
	Barbara L. Shiolds		- · · · · · · · · · · · · · · · · · · ·		
		N	anie of Person		
	ADS Alliance Dat	Systems, Inc. Attention	Epsilon		
		Fi	гт/Сопараду		
	7500 Dallas Parkv	vay, Suite 700			
			Address	-	
	Plano, TX 75024			·	
		City/S	late and Zip Code		
	lynn.jobnson@allia	ancedata.com			
'		E-mail address: (to be use	d for flature somuel report i	notification)	
For further infor	mation concerning	this matter, please call;			
Barbar	a L. Shields		nı (214 ) 89	93.7873	
	Name of	Contact Person	Area Code	Daytime Telephone Number	
Division of Corporations			er ADDRESS: on of Corporations		
Registra P.O. Bo	ation Section		ation Section Building		
	ssee, FL 32314	2661 B	xecutive Center Circle		
Enclosed is a	check for the fo	llowing amount:			
		S130.00 Filing Fee & Certificate of Status	□ \$155,00 Filing Fe Certified Copy	e & 🗆 \$160.00 Filling Fee, Cert of Status & Certified Co	

## 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:

f name unavailable, cuts lability Company," "L.L	r alternate name adop C," or "LLC.")	pted for the purpose	of trans	acting busing	ess in Flor	ida. The altern	ale name	must include	"Limited	
Delaware			3.	90-077924	14					
(Jurisdiction under the company is organized	law of which foreign	Ilmited liability	_ •		(FI	il number, if a	pplicable	;)		
August 1, 2014										
		rst transacted busines ns 605.0904 & 605.0								
6021 Connection I	Drive, Irving, TX 7:	5039								
									7	
		(Street Add	resa pi	Principal Of	(Toe)				—∺	
7500 Dallas Parkw	ny Suita 700 Plan	•			,				_	
1300 Distas 1 tak#	sy, 54110 700, 7 late	5, 170 15024								
									MH 9:	
		[N	fuiling.	Address)					ဖွဲ့	
. The name, title	or capacity and	address of the p	person	n(s) who h	nas/have	authority	to man	age is/are:	ယ	ġ
Iryan J. Kennedy /	Manager 7	500 Dallas	,. Pku	v Ste	700	Plano	. TX	75024		ē
tyan 7. Remody ?	,	200 242245		.,, 500					—	
eanette Fitzgerald	Manager 75	00 Dallas	Pkw	y, Ste	700,	Plano,	TX	75024		
			<del></del>				<del>-</del>			
Attached is an o	riginal certificat	te of existence.	no mo	re than 9	0 days o	ld, duly au	thentic	ated by the	officia	a l
aving custody of	records in the ju	risdiction under	the li	aw of whi	ich it is	organized.	(A pho	otocopy is a	not	
ceptable. If the c		foreign languag	ge, a ti	runslation	of the	ertificate u	under e	ath of the t	ranslat	٥r
oust be submitted	)		7	/						
lost be sadimined		1/1/		10		•				
idat bo sadiiii.ioa		/ //								
1031 00 3401111104			/	//_				_		
		Signature	of an	ay(hocized	d persor	$\rightarrow$				
in accordance with section	605.0203, F.S., the extension submitted in a	cution of this document	l constit	ice in affirm	stibn under	the penalties of	perjury th	al the facts state for in \$.817, 155,	d herein ar . F.S.)	ne ta
in accordance with section in aware that any false infe	603.0203, F.S., the code	cution of this document	l constit	ice in affirm	stibn under	the penalties of	perjury th provided	at the facts state for in \$.817.   55,	d herein ar , F.S.)	nd (

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 th	e Limited Liability	Company is:		
Catapult Integrated S	ervices, LLC			
if unavailable, the	afternate to be used	in the state of Florida is:		
		dress of the registered agent and office are:	14 C	
	T Corporation System	(Name)	DEC	
			<b>17</b>	
1	1200 South Pine Island Road		- <b>1</b> 25	
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
			9: 3	
<u> </u>	lantation	FL 33324	- <b>3</b> 1	
<del></del>		City/State/Zip	- (1)	

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.

C T Corporation Syst	em Canine	Buran		ionalo Bajon
	(Signature)	8	F.	

\$ 160.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

DACE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "CATAPULT INTEGRATED SERVICES, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5069669 8300

141546970

You may varify this certificate online at corp. doleware.gov/euthver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 12-16-14