Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5369

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 Cibernet, LLC

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JAN = 5 2015

COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SUBJE	CT: Cibernet, LLC	_			
		Name of Li	mited Liability Company		-
Existen	ice, and check are submit	ted to register the above re	eferenced foreign limited li	to Transact Business in Florida, iability company to transact business	" Certificate of Incas in Plorida.
Please	return all correspondence	concerning this matter to	the following:		
	Jan R. Ezell, C	orporate Paralegal			
			Name of Person		
	Alsion & Bird	LLP			
			Firm/Company	,	
	1201 West Pea	chtree Street			
			Address		
	Atlanta, GA 30				
		Clt	y/State and Zip Code		
	jean.johnson@s		sed for future annual report t	-Nitronia-1	•
For final		•	200 ter inene guiren sebau z	councedo)	
ror mag	iar information concernii	ng this matter, please cail:			
	Jan R. Ezeli		at (404) 88	1-7442	
	Name (of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations	STR)	EET ADDRESS: ion of Corporations		
	Registration Section	Regis	tration Section		
	P.O. Box 6327 Tallahassee, FL 32314		n Building Executive Center Circle		
	1411414444, 12 32317		assee, FL 32301		
	ed is a check for the f				
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□ \$155.00 Fiting Fee Certified Copy	& □ \$160.00 Filing Fee, Co of Status & Certified (

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:

[Cibernet, LLC	
(Name of Foreign	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(if name unavailable, enter alter Liability Company," "LLC," of	rmite mante adopted for the purpose of transacting business in Florida. The alternate name must include "Limited or "LLC,")
2. Dolawaro	g 52-1595026
	f which foreign limited liability (Fill number, if applicable)
4 upon registration	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 8125 Highwoods Palm V	Vay TACE
VI	7.6 7
Tampa, FL 33647	(Street Address of Principal Office)
6 8125 Highwoods Palin W	
0. <u>4125 11151710000 1 4411 11</u>	(Mailing Address)
Tampa, FL 33647	
	, · · · · · · · · · · · · · · · · · · ·
7. The name, title or ca	pacity and address of the person(s) who has/have authority to manage is/are:
Symiverse Technologies, LL	C (sole member), 8125 Highwoods Palm Way, Tampa, FL 33647
8. Attached is an origina	I certificate of existence, no more than 90 days old, duly authenticated by the official is in the jurisdiction under the law of which it is organized. (A photocopy is not
acceptable. If the certific	ate is in a foreign language, a translation of the certificate under eath of the translator
must be submitted)	
	Yama & Bura
_	
in accordance with section 605,0203 in aware that any falso information s	Signature of an authorized person 1. F.S., the execution of this document constitutes an affirmation under the penahics of perjury that the facts stated herein are true. I submitted in a document to the Department of State constitutes a third degree falony as provided for in a \$17.155, F.S.)
La	ura E. Binion, Schlor Vice President, General Counsel and Secretary
	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.

	Limited Liability Company is:				
Cibernet, LLC					
If unavailable, the a	Iternate to be used in the state of Florida is:				
2. The name and th	e Florida street address of the registered agent and office are:				
СТ	Corporation System				
-	(Nanœ)				
120	0 South Pine Island Road				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Plan	tation FL 33324				
	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.

By: C T Corporation System Michael Seraphin Asst. 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) FILED

15 JAN-2 AHII: 03

SECRETARY OF STATE
AND AHASSEE, FLORID

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CIBERNET, 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 SECOND DAY OF JANUARY, A.D. 2015.

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

4086996 8300

150001500

at corp. delaware. gov/authvor. shtml

AUTHENTY CATION: 2003755

DATE: 01-02-15