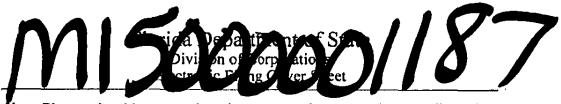
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000038422 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 : (850)878-5368

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

P== 11	Address:		
emait.	MILLIEUS:		
			~,

Foreign Limited Liability Company EXLService Technology Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 1 6 2015

^には**代り**じ

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:

EXLISERVICE TECHNOLOGY SOLUTIONS, LLC (Name of Foreign Umited Liability Company; ourst include "Limited Liability Company," "L.C.," or "LUC.")	
figures unavailable, enter alternate name adopted for the purpose of transacting business in Plottda. The alternate name must include "L	 .
inbility Company," "LLC," or "LLC,")	uziten.
Dolaware 3 35-2126362	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	P-10-
•	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	-
201 West 103rd Street, Suite 420, Indianapolis, Indiana 46290, United Stries	
(Street Address of Principal Office)	
201 West 103rd Street 420, Indianapolis, Indiana 46290, United States	
	- 12
(Mailing Address)	_ = = =
The name, title or capacity and address of the person(s) who has/have authority to manage is/are;	
Ce attached	် ကြ
, te.	PR
ر برا مراجع المراجع ا مراجع المراجع	i v
는	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the oraving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not exceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translated be submitted) Signature of an authorized person t accordance with section 605 0201, F.S., the execution of this document constitutes an affirmation under the penalties of perjuty that the first stated he aware that any folso information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17.155, F.S.	Micial Islator Islator
Henry Schweppe Typed or printed name of signee	
t Abed of britisen limits of Signer	

2/13/2015 14:52:18 From: To: 8506176383

(3/5)

Managers Attachments

Rohit Kapoor Manager 280 Park Avenue, 38th FL, New York, NY 10017

Henry Schweppe Manager 280 Park Avenue, 38th FL, New York, NY 10017

Jarrod Yahes Manager 280 Park Avenue, 38th FL, New York, NY 10017

2015 FEB 13 PM 2: 1

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.

If unavailable, the alternate to be used in the state of Florida is:					
2. The name	and the Florida street ac	ldress of the registered agent and office are:	2015 FE		
	C T Corporation System	ı.	EB 1		
		(Name)	− တ္သည္ ထည		
	1200 South Pine Island I	Road	PH 2: OF SIL		
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324			
		City/State/Zip	-		
liability comp registered age statutes relation accept the obl	any at the place designa ent and agree to act in th ng to the proper and con	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoin is capacity. I further agree to comply with the p aplete performance of my duties, and I am famili as registered agent as provided for in Chapter 60	tment as rovisions of all lar with and		
Statutes.		Joseph Tamimi Assistant Secretary			

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

Delaware

PAGE 7

The First State

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

DELAWARE, DO HEREBY CERTIFY "EXLSERVICE TECHNOLOGY 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 ELEVENTH DAY OF FEBRUARY,

A.D. 2015.

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

4854493 8300

150179683

You may varify this cortificate opling at corp. delaware.gov/authvor.shtml

AUTHENTICATION: 2112755

DATE: 02-11-15