

M15000007268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

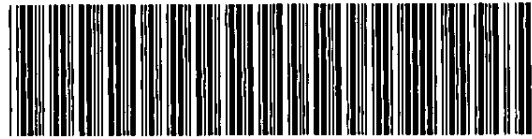
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Conrad K. Bryan GAVE
AUTHORIZATION BY PHONE TO
CORRECT Title AP
DATE 9/14/15
DOC. EXAM YES

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y SULKER



Wolter's Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 558 1930 tel
855 637 1628 fax
www.ctcorporation.com

September 11, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9689497 SO
Customer Reference 1: CTcorp.com
Customer Reference 2: KS

Dear Department of State, Florida :

Please obtain the following:

Clarus Commerce LLC (CT)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLARUS COMMERCE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Scott St. Germain

Name of Person

CLARUS COMMERCE LLC

Firm/Company

100 ROSCOMMON DR, SUITE 302

Address

MIDDLETOWN, CT, 06457

City/State and Zip Code

sstgermain@claruscommerce.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott St. Germain

860

358-9198

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

1. CLARUS COMMERCE 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. CT

(Jurisdiction under the law of which foreign limited liability
company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 100 ROSCOMMON DR, SUITE 302

MIDDLETOWN, CT, 06457

(Street Address of Principal Office)

6. 100 ROSCOMMON DR, SUITE 302

MIDDLETOWN, CT, 06457

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.

By:

C T Corporation System

(Registered agent's signature)

John Vincent

John Vincent
Vice President & Assistant Secretary

15 SEP 1 2015
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SECRETARY OF STATE
TALLAHASSEE, FL
12:04 PM

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

THOMAS CAPORASO

A-P

100 ROSCOMMON DR, SUITE 302,

MIDDLETOWN, CT, 06457

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Thomas Caporaso
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

THOMAS CAPORASO

Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

CLARUS COMMERCE LLC

a domestic limited liability company, were filed in this office on April 25, 2001.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: September 10, 2015