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K.SALY EXAMINER SEP 2 4 2015 Sée Certificate enclosed



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2015

CYBERPULSE L.L.C. 3000 DUNDEE RD, STE. 317 NORTHBROOK, IL 60062

SUBJECT: CYBERPULSE L.L.C. Ref. Number: W15000059581

We have received your document for CYBERPULSE L.L.C. and your check(s) totaling \$130.00. 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 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.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00019036

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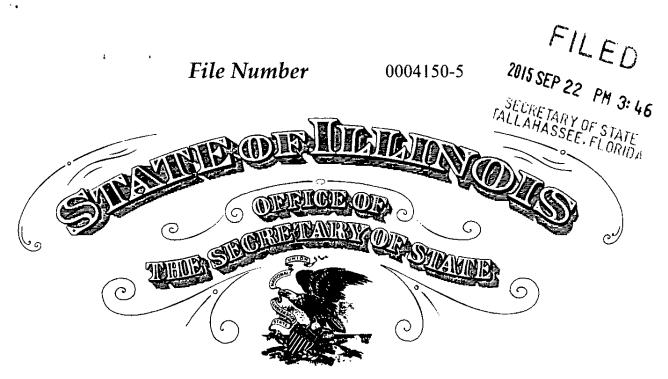
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| | Registration Section Division of Corporation | ns | | | | | |
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| SUBJEC | Cyberpulse L.L.C. | | | | | | |
| | | Name of Limited Liability Company | | | | | |
| | | | | | ansact Business in Florida," Certificate y company to transact business in Florid | | |
| Please rea | turn all correspondence of | concerning this matter to the | following: | | | | |
| | <u> </u> | Name of Person | | | | | |
| | Cyberpulse L.I | C. | | | | | |
| | | Firm/Company | | | | | |
| | 3000 Dundee Road, Suite 317 | | | | | | |
| | Address | | | | | | |
| | Northbrook, IL 60062 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | sstein@ascendhi | 1.com | | | | | |
| | ************************************** | E-mail address: (to be use | d for future annual r | eport no | tification) | | |
| For furth | er information concernin | g this matter, please call; | | | | | |
| | Susan Stein | | 847 at (| 433-36 | 500 | | |
| • | Name o | of Contact Person | Area Code | Day | rtime Telephone Number | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Division Registrat Clifton B 2661 Exe | | of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | | |
| | is a check for the follow □ \$125.00 Filing Fee | ing amount: ■ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Certified Copy | ; Fee & | ☐ \$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: Cyberpulse L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I.L.C.") Ascend HIT 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. Illinois (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 08/24/2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3000 Dundee Road, Suite 317 Northbrook, IL 60062 (Street Address of Principal Office) 3000 Dundee road, Suite 317 Northbrook, IL 60062 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Florida 32301 Tallahassee (City) (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.

Corporation Service Company Krista Swenson, Assistant VP (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jeffrey Soble - Manager 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 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. Jeffrey Soble, Manager Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CYBERPULSE L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 08, 1995, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of SEPTEMBER A.D. 2015.

Authentication #: 1526000480 verifiable until 09/17/2016
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE