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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

: (850)205-8842

Phone

: (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.\*\*

Foreign Limited Liability Company PAS Solutions Intermediate, LLC

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Help

10/8/2015 5:15:37 PM From: To: 8506176383( 2/4 ).

## COVER LETTER

SUBJECT:	PAS Solutions Inte		Limited Liability	Company		
			·	- •		
The enclosed Existence, ar	d "Application by Fond check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Transact Buited liability compar	siness in Florida,"  y to transact busin	Certificate of ess in Florida
Please return	all correspondence	concerning this matter to the	following:			
	Monica Routh					
		N	ame of Person		<del></del>	
	PAS Solutions	Intermediate, LLC			•	
		F	irm/Company			
	13201 Northw	est Fwy Ste 600				
			Address			
	Houston TX 7	7040-6023			7015 SEC	
	-	City/S	tate and Zip Code		2A 8	
	mrouth@pascen	tral.com			ASSE CO	
		E-mail address: (to be use	d for future annua	l report notification	79 7	
For further in	nformation concerning	g this matter, please call:			54 N	C).
Мо	nica Routh		713 at (	429-6043	温高 5	
<del>_</del>	Name	of Contact Person	Area Code	Daytime Tel	ephone Number	
MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations				
Registration Section			Registration Section Clifton Building			
_	. Box 6327 ahassee, FL 32314			2661 Executive C Tallahassee, FL 3		
	check for the follow	ving amount: □ \$130.00 Filing Fee &	S155.00 Fili		0.00 Filing Fee, Ce	rtificate

10/8/2015 5:15:37 PM From: To: 8506176383( 3/4 )

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of For	eign Limited Liability Company; mus	t include "Limited Liab	oility Company," "L.	L.C.," or "	LLC.")	<del></del>
(If name unavailable, enter a Liability Company," "L.L.C,	Itemate name adopted for the purpose	of transacting business	s in Florida. The alte	rnate name	must inc	lude "Limited
2 Delaware	· · · · · · · · · · · · · · · · · · ·	37-1783298				
(Jurisdiction under the law	urisdiction under the law of which foreign limited liability (FEI number, if applicab			plicable)	<del></del> -	
company is organized)  Jupon qualification						
4. <u>• • • • • • • • • • • • • • • • • • •</u>	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to	registration.)			
5. 13201 Northwest Fwy	Ste 600 Houston TX 77040-6023		penalty natifity)			
	·			-		ul.
	(Street Address of P	•	<del> </del>			
6. 13201 Northwest Fwy	Ste 600 Houston TX 77040-6023			25.5	2015	
				CR:	83	71
<del></del>	(Mailing A	(ddress)		(0)	1	Trestrand
7. Name and street addres	ss of Florida registered agent: (P.	O. Box <u>NOT</u> accepta	ible)	100 X	က	m
Name:	C T Corporation System			1.04 1.04 1.04 1.04	Ū-	<b>O</b> -
Office Address:	1200 South Pine Island Road			031	دن	
	Plantation		Florida 33324	en P	0.5	•
	(City)			code)		
lesignated in this applicate or complywith the provision of the obligations of the contractions of the con	gistered agent and to accept serv. tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent.	ment as registered ag	ent and agree to a	ict in this	capacity	. I further ag
;	By: (Repiste	red agent's signature)	<u> </u>			
9 . The man title on some		•				
· · · · · · · · · · · · · · · · · · ·	city and address of the person(s)  Northwest Fwy Suite 600 Houst		ry to manage 1s/are	);		
	11 Northwest Fwy Suite 600 Hous				<del></del>	4
<u> </u>						
Attached is a certificate prisdiction under the law of the translator must be su	of existence, no more than 90 day of which it is organized. (If the cen bmitted)	s old, duly authentica tificate is in a foreign	ated by the official a language, a trans	having culation of t	istody of he certifi	records in the cate under oa
	Signature o	f an authorized person				
his document is executed ubmitted in a document to	in accordance with section 605.02 the Department of State constitute	203 (1) (b), Florida St es a third degree felor	atutes. I am aware ny as provided for i	that any f in s.817.1	alse info 55, F.S.	rmation
	Michael Lam					

Typed or printed name of signce

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PAS SOLUTIONS INTERMEDIATE, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2015.

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

at coro de la wate grov/aut

Authentication: 10127198

Date: 09-24-15

5736762 8300

SR# 20150257178

You may verify this certificate online at corp.delaware.gov/authver.shtml