

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Foreign Limited Liability Company P2P Shared Services, LLC

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6/15/2016 3:27:32 PM From: To: 8506176383(2/4)

COVER LETTER

		ration Section in of Corporatio	ns						
SUBJEC		P Shared Service	s, LLC						
OUBSEC	J.,		Name o	f Limited Liability	Company				
The enclo Existence	osed "A e, and c	application by Fo heck are submitte	reign Limited Liability Cor ed to register the above refe	npany for Authoriza erenced foreign limi	ition to Tr ted liabilit	ansact Business in Florida," Certifi y company to transact business in l	cate of ∙lorida		
Please re	turn all	correspondence	concerning this matter to th	e following:					
		Jan R. Ezell, C	orporate Paralegal						
)	Name of Person					
		Alston & Bird	LLP						
				Firm/Company					
		1201 West Peachtree Street							
				Address					
		Atlanta, GA 30	309-3424						
			City/	State and Zip Code					
		gstraus@tekpart	ners.com						
			E-mail address: (to be us	ed for future annual	report no	tification)			
For furth	er infor	mation concernin	g this matter, please call:						
	Jan R. Ezell			404 at (881-74	42			
,		Name o	of Contact Person	Area Code	Day	time Telephone Number			
	Divisio Registr P.O. Bo	ING ADDRESS: in of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section wilding secutive Center Circle see, FL 32301			
		eck for the follow i.00 Filing Fee	ing amount: \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	e		

6/16/2016 3:27:32 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:

P2P Shared Services, L						
(Name of Fore	eign Limited Liability Company;	must include "Limited Li	ability Company." "L.	L.C.," oi "LL.C.")	
(If name unavailable, enter al Liability Company," "L.L.C.	Iternate name adopted for the pur	pose of transacting busine	ess in Florida, The alte	mate name must	include "Lin	nited
2 Delaware		3. 81-2875038				
	of which foreign limited liability	1.	(FEI number, if ap	plicable)		
4.	(Date first transacted but (See sections 605.0904 &					
5. 5810 Coral Ridge Driv	بيرون پوندو دور					
				/ /	25.0	""
	(Street Address	of Principal Office)				
5810 Coral Ridge Drive	e, Suite 250, Coral Springs, F	*		$\frac{\partial}{\partial x} \frac{\partial}{\partial x}$	ي مير ن	-
0				۳۴۹۰۰۰	ς Ψ 5 -	
					π D	
•	(Maili	ng Address)		် <u>ဂ</u>	정 유	
7. Name and street address	s of Florida registered agent:	(P.O. Box NOT accep	otable)	a a	3F 20	
Name:	C T Corporation System			>	-	
Office Address:	1200 South Pine Island Ro	ad		,		
	Plantation)	33324			
	(City)	, Pionaa(Zip c	rode)		
designated in this applica to complywith the provisi accept the obligations of a	gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to a my position as registered age CT Corporatio By:	ointment as registered the proper and complet nt. n System Nathas	agent and agree to d te performance of n Giffin	act in this capac	city. I furth am familia fin,	ter agree
	(Ro	gistered agent's signature	, 0 00			
8. The name, title or capa	acity and address of the person	n(s) who has/have autho	ority to manage is/are	3 :		
Vito Scutero (Manager).	5810 Coral Ridge Drive, Suite	250, Coral Springs, Fl	. 33076			
Harris Katz (Manager), 58	810 Coral Ridge Drive, Suite	250, Coral Springs, FL	33076		_	
	of existence, no more than 90 of which it is organized. (If thubmitted)					
This document is executed submitted in a document to	in accordance with section 60 the Department of State cons	05.0203 (1) (b), Florida stitutes a third degree fo	Statutes. I am aware lony as provided for	that any false i in s.817.155, F	nformation .S.	
	Vito Scutero					
	Typed	or printed name of signee				

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "P2P SHARED SERVICES, 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 SEVENTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202446467

Date: 06-07-16

6059352 8300 SR# 20164340657

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