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FLORIDA DEPARTMENT OF STATE ALL ANASTERS OF CORPORATIONS

September 19, 2016

JOHN VOISENAT 1040 MARINA VILLAGE PARKWAY #200 ALAMEDA, CA 94501

SUBJECT: HERBERT - ABS SOFTWARE SOLUTIONS, LLC

Ref. Number: W16000064528

We have received your document for HERBERT - ABS SOFTWARE SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 116A00020007

Down Tanisha Washington,
I have signed the attacked downent.

Plane let me know if this fulfills the requirement.

Sincorda, Sincery)
JOHN Voiserat

S10-814-9065 jvoiserat a herbert-alis

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

COVER LETTER

	stration Section sion of Corporatio	ns	_	
SUBJECT: _		Herbert-AB Name of	5 SoftWU Limited Liability Company	ave Solutions LLC
		reign Limited Liability Comp	pany for Authorization to Tra	ansact Business in Florida," Certificate o y company to transact business in Florida
Please return a	all correspondence	Soncerning this matter to the	nat	
	H		ame of Person SDFF WW	e solutims
		UYD Marina	irin/Company	e Solutims Parkway #200
		ilanela (A 9450	<u> </u>
	-)	voisenat Pl	Nerbert - ab 5 d for future annual report no	_
For further inf	John V	g this matter, please call: 115011tt of Contact Person	at (S)D S Day	14-9065 extime Telephone Number
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314		Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301
	check for the follow 25.00 Filing Fee	ving amount: ☐ \$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 COMPIJANCE WITH SECTION 615.0X02, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FO. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	١ .	UABILITY'
Herbert-ABS Saftware Solutions,	UC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "Li		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name n	nust include "Limi	ted
Liability Company, "L.L.C," or "L.L.C,")	۱.	
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
company is organized)		
4. (Date first transacted business in Florida, if prior to registration.)		
(See sections 605.0904 # 605.0905, F.S. to determine penalty liability)		
5. 22000 011 12 11 11 12	1701	
AFT 3309 Oxlando, Hoxida ?	1 1/8 4]	
6. Same		
V		6
(Mailing Address)	至計	SEP TO
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	S	F _
Name: Paracorp Incorporated	SEC	m
		3
	92.TA	ယ္ ယ
Tallahassee , Florida 32301 (City) (Zip code)	₽ R	8
Registered agent's acceptance: Having been named us registered agent and to accept service of process for the above stated limited liability	compony of the	nlace
designated in this application, I hereby accept the appointment us registered agent and agree to act in this co	pacity. I furthe	r agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, an accept the obligations of my position as registered agent.	d I am familiar	with and
7. Dry le Son Leticia Burleson, Assistant Secretary	,	
(Registered agent's signature)		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
John VoiseNAT, CFD	1	20.61
1040 Marina Village Parkway, alames	arA	94801
	—) C 1,	
		ali-
 Attached is a certificate of existence, no more than 90 days old, duly authomicated by the official having custourisdiction under the law of which it is organized. (19the certificate is in afforeign language, a translation of the 	certificate under	oath
of the translator must be submitted)		
John E. DWard		
Signature of an authorized person		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fals ubmitted in a document to the Department of State constitutes a third degree follows as provided for in 5.817.155	e information , F.S.	
SOHN E, VOISENAT		
Typed or printed name of signed		



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

DELAWARE, DO HEREBY CERTIFY "HERBERT-ABS SOFTWARE 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "HERBERT-ABS SOFTWARE SOLUTIONS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERBERT-ABS SOFTWARE SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2011.

16 SEP 29 PM 3: 36
SECRETARY OF STATE

Authentication: 202501079

Date: 06-27-16

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