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16 OCT -3 AM 9: 27 DIVISION OF CORPORATIONS

O SIMMONS
OCT 0 6 2016

*COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: EN POINTE IT SOLUTIONS, LLC Name of Limited Liability Company						
						The end Existen
Please	turn all correspondence concerning this matter to the following:					
	Eufemio Magsombol (Tax Department)					
Name of Person						
	EN POINTE IT SOLUTIONS, LLC					
Firm/Company						
	2121 Rosecrans Ave. #4310					
	Address					
	El Segundo, CA 90245-4743					
	City/State and Zip Code					
taxteam@enpointeits.com						
	E-mail address: (to be used for future annual report notification)					
For fur	er information concerning this matter, please call:					
	Aamir Rafiq 424 220-6700X6573					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Pallahassee, FL 32314 Callahassee, FL 32301 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301					
Enclose	is a check for the following amount: ■ \$125.00 Filing Fee					

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 EN POINTE IT SOLU	TIONS, LLC		
(Name of Force	ign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "I	LC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of train "LLC.")	nsacting business in Florida. The alternate name	must include "Limited
2. DELAWARE	3	81-1941611	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. 09/01/2016			
2121 Rosecrans Ave. #	(Date first transacted business in FI (See sections 605.0904 & 605.0905, 1	orida, if prior to registration.) F.S. to determine penalty liability)	
5. 2121 Rosettalis Ave. 8			
El Segundo, CA 90245	-4743 (Street Address of Principal	10(%)	16 (
6. 2121 Rosecrans Ave. #	·	ii Onice)	16 OCT -3 AM 9: 27 DIVISION OF COGEOGRATIONS
El Segundo, CA 90245	-4743		of cos
	(Mailing Address		
7. Name and street address	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	AM 9: 27
Name:	CT Corporation System		7
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida ³³³²⁴	
designated in this applica to complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment on so fall statutes relative to the proper my position as registered agent.	(Zip code) process for the above stated limited liability as registered agent and agree to act in this and complete performance of my duties, a Denise Bell; Assistant Secretary ent's signature)	capacity. I further agree
8. The name, title or capa	city and address of the person(s) who h	as/have authority to manage is/are:	
Kris Rogers / President, S	ecretary, Treasurer & Manager		
Firdous Hakim / CEO & 3	Manager		
Ramsey Hakim / Manager			
	of which it is organized. (If the certifica	duly authenticated by the official having co te is in a foreign language, a translation of t	
	Signature of an a	uth fized person	
This document is executed submitted in a document to	in accordance with section 605.0203 1)(b), Florida Statutes. I am aware that any third degree felony as provided for in s.817.1	alse information 55, F.S.
	Kris Ro	gers	
	Typed or printed i		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EN POINTE IT 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 SEPTEMBER, A.D. 2016.

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

THE SECOND SECON

Authentication: 203068367

Date: 09-27-16

5996612 8300 SR# 20165967284