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From:

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Foreign Limited Liability Company COCOBOLO SOFTWARE, LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: COCOBOLO SOFTWARE, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.." or "LLC.")

MARYLAND	3. N/A		
	of which foreign limited liability	(FEI number, if applicable)	· <del>············</del>
N/A			
······································	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.)	
3030 N. ROCKY POII	NT DR, STE 150A, TAMPA, FL 33607	ine penany naomy)	
	M		
	(Street Address of Principal Office)		<b></b>
PO BOX 52174, SARASOTA, FL 34232			<u> </u>
			<u></u> Ω : .
	(Mailing Address)		320
Name and street addres	s of Florida registered agent: (P.O. Box NOT acce	ptable)	.;. УР: ;.
Name:	NORTHWEST REGISTERED AGENT LLC		<u></u>
Office Address:	3030 N. ROCKY POINT DRIVE, STE 150A		<u> </u>
*****	TAMPA	, Florida 33607	
egistered agent's accep	(City)	(Zip code)	
esignated in this application complywith the provision	gistered agent and to accept service of process for tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complety position as registered agent.	agent and agree to act in this capete performance of my duties, and	acity. I further ag
	(Registered agent's signatur	e)	
•	ncity and address of the person(s) who has/have auth	tority to manage is/are:	
•		tority to manage is/are:	<del></del>
•	ncity and address of the person(s) who has/have auth	tority to manage is/are:	<del></del>
•	ncity and address of the person(s) who has/have auth	tority to manage is/are:	<del></del>

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.

TOM GLOVER

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COCOBOLO SOFTWARE, LLC, REGISTERED JANUARY 03, 2011, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 10, 2016.

Michael L. Higgs Deputy Director

301 West Preston Street, Baltimore. Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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