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DEPARTMENT OF STATE

K. SALY MAR - 8 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 532755 7788239

AUTHORIZATION: CROWNELL 200-

COST LIMIT : \$(125,.00

ORDER DATE: March 3, 2017

ORDER TIME : 12:07 PM

ORDER NO. : 532755-005

CUSTOMER NO: 7788239

FOREIGN FILINGS

NAME: QUALITY MANAGEMENT SYSTEMS

CONSULTING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2017

Please give original submission date as file date.

CSC / MELISSA ZENDER

SUBJECT: QUALITY MANAGEMENT SYSTEMS CONSULTING, LLC

Ref. Number: W17000018649

We have received your document for QUALITY MANAGEMENT SYSTEMS CONSULTING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P09000013756 "QUALITY MANAGEMENT SYSTEMS CONSULTING, INC.".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 617A00004175

' 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. Quality Managemen | nt Systems Consulting, LLC sign Limited Liability Company; must include | "Limited Liability Compan | יייי דור יי סדוויייע | ~ 11 |
|--|--|--|---|---|
| QMSC, LLC | ngh Emitted Elability Company, must include | Emitted Elaoting Compan | y, L.L.C., of LLC | J. J |
| | ternate name adopted for the purpose of transf or "LLC.") | acting business in Florida, T | The alternate name mu | ust include "Limited |
| 2. Delaware | 3. | 82-0613128 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI numb | er, if applicable) | |
| 4. n/a | | | | |
| | (Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S. | ida, if prior to registration.) S. to determine penalty liabi | lity) | |
| 5. 743 Bay Colony Dr | ive South | | | 720 |
| Juno Beach, Florida | 33408 | | | |
| | (Street Address of Principal | Office) | | T MAR |
| 6. 743 Bay Colony Dr | ive South | • | | 2011 MAR -3 TALLAHASS |
| Juno Beach, Florida | a 33408 | | *************************************** | SEE TO |
| | (Mailing Address) | · · · · · · · · · · · · · · · · · · · | | 6. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. |
| 7. Name and street address | s of Florida registered agent: (P.O. Box | NOT acceptable) | | SE 25 |
| Name: | Corporation Service Company | | | D. 2 |
| Office Address: | 1201 Hays Street | | | |
| | Tallahassee | , Florida ³ | 2301 | |
| designated in this applica to complywith the provision | gistered agent and to accept service of pition, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent. Corporation Service Company By: | registered agent and ag | ree to act in this ca | spacity. I further agree d I am familiar with and Zende |
| 8. The name, title or capa Diane Bergeron, Au | acity and address of the person(s) who has | , | ge is/are: | |
| 743 Bay Colony Dr | ive South | | | - |
| Juno Beach, Florida | a 33408 | | | |
| | of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted) Liexe Beres | is in a foreign language, | | |
| | d in accordance with section 605.0203 (1) to the Department of State constitutes a thin Diane Bergeron | | | |
| | Typed or printed na | ime of signee | | |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "QUALITY MANAGEMENT SYSTEMS CONSULTING,

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 THIRD DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALITY"

MANAGEMENT SYSTEMS CONSULTING, LLC" WAS FORMED ON THE SEVENTEENTH

DAY OF FEBRUARY, A.D. 2017.

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

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Authentication: 202136096

Date: 03-03-17

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