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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

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Foreign Limited Liability Company
GCOM SOFTWARE, LLC

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***FILE AFTER
WITHDRAWAL FOR
GCOM, INC.***

Certificate of Status	0
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To: **Date:** 11/22/2017 02:15:04 PM Central Time

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From: including cover page: 4

Name: Taylor Seay

Email: tseay@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

Subject:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. GCOM Software LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, state alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York

3. 20-2902922

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. 11/06/2017 (was filed under GCOM Software, Inc. prior to New York merger F14000004517)

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 24 MADISON AVE EXT.

(Street Address of Principal Office)

ALBANY, NY 12203

6. 24 MADISON AVE EXT.

(Mailing Address)

ALBANY, NY 12203

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVENUE 2ND FL

TALLAHASSEE

(City)

Florida 32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.Barbara A. Kauffuss, Assistant Secretary on
behalf of Capitol Corporate Services, Inc.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	GCOM Albany Holdings, Inc. 24 MADISON AVE EXT. ALBANY, NY 12203		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
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)10. 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.
Signature of an authorized person

Girish Bhatia, Authorized Person & President of GCOM Albany Holdings, Inc.

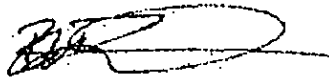
Typed or printed name of signer

**State of New York
Department of State } ss:**

I hereby certify, that GCOM SOFTWARE MS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/06/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GCOM SOFTWARE MS LLC, changing its name to GCOM SOFTWARE LLC, was filed 11/13/2017.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of November
two thousand and seventeen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State



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