Division of Corporations

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To: Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : $120090000081^{\frac{1}{12}}$

Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please

Email Address:______

Foreign Limited Liability Company PIONEER IT SYSTEMS LLC

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NOV 2 9 2017

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must include "L		
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of transact " or "LLC.")	ing business in Florida. The alternate name must	: include "Limited
n WASHINGTON	3 N/A		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, it applicable)	
4. N/A		.4	
***************************************	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. t	a, if prior to registration.) to determine penalty liability)	
5 23020 27th Dr SE, B	Bothell, Washington 98021		
	(Street Address of Principal Of	fice)	
6. 23020 27th Dr SE, B	othell, Washington 98021		
		••	.
	(Mailing Address)		1 = 1
7. Name and street address	ss of Florida registered agent: (P.O. Box N	<u>(OT</u> acceptable)	多量 卫
Name:	Registered Agents Inc.		7 100 28
Office Address:	3030 N. Rocky Point Dr. STE 1	50A	
	Tampa	, Florida 33607	ýp.
	(City)	(Zip code)	و المنافعة
designated in this applicato comply with the provise	egistered agent and to accept service of pro- ation. I hereby accept the appointment as re- ions of all statutes relative to the proper an iny position as registered agent. (Registered agent)	egistered agent and agree to act in this cap ad complete performance of my duties, and	acity. I further agree
8. The name, title or cap	acity and address of the person(s) who has/l	have authority to manage is/are:	
	pacity and address of the person(s) who has/l Member, 23020 27th Dr SE, Both		
Venkat Chilakala, M	Member, 23020 27th Dr SE, Bother of existence, no more than 90 days old, dury of which it is organized. (If the certificate is submitted)	ell, WA 98021 Ily authenticated by the official having custo is in a foreign language, a translation of the official having custo is in a foreign language.	dy of records in the entificate under oath
9. Attached is a certificate jurisdiction under the law of the translator must be s	Member, 23020 27th Dr SE, Bother of existence, no more than 90 days old, dur of which it is organized. (If the certificate is submitted)	ell, WA 98021 Ily authenticated by the official having custo is in a foreign language, a translation of the official person	certificate under dath
9. Attached is a certificate jurisdiction under the law of the translator must be s	Member, 23020 27th Dr SE, Bother of existence, no more than 90 days old, dury of which it is organized. (If the certificate is submitted)	ell, WA 98021 Ily authenticated by the official having custo is in a foreign language, a translation of the option by the prized person.	e information

Typed or printed name of signee

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PIONEER IT SYSTEMS LLC

1 FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 7/16/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual.

and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penaltics owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: September 14, 2017

UBI: 603-525-279

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wilman, Secretary of State

