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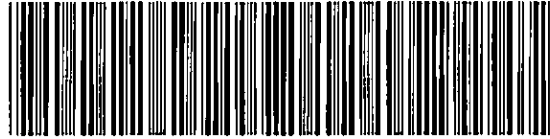
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Special Instructions to Filing Officer:

~~W18-13188~~

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Y SULKER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 2/8/18**

**NAME: SKOUT SECURE INTELLIGENCE LLC**

**TYPE OF FILING: APPLICATION**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2018

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: SKOUT SECURE INTELLIGENCE LLC  
Ref. Number: W18000013188

We have received your document for SKOUT SECURE INTELLIGENCE 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 318A00002776

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKout Secure Intelligence LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Beth Martin  
Name of Person

SKout Secure Intelligence LLC  
Firm/Company

423 West 55<sup>th</sup> street, 11<sup>th</sup> floor  
Address

New York NY 10019  
City/State and Zip Code

Beth.Martin@skoutsecure.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Martin at (646) 599-0785  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|--|--|---|--|

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. SKout Secure Intelligence LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
- (If name unavailable, enter 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. 46-22 83940  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)
5. 270 S. Service Rd. 6. 423 West 55th street  
(Street Address of Principal Office) (Mailing Address)  
suite 55  
Melville, NY 11747 11th Floor  
New York, NY 10019
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Paracorp Incorporated
- Office Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, Florida 32301  
(City) (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.

Milton Vong Assistant Secretary  
(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:
<u>CEO</u>	<u>Aidan Kehoe</u> <u>270 S. Service Rd.</u> <u>Suite 55</u> <u>Melville, NY 11747</u>		

(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.

Elizabeth A. Martin  
Signature of an authorized person  
Elizabeth A. Martin  
Typed or printed name of signer

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

*I hereby certify, that OXFORD SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/06/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.*

*A Certificate of Amendment OXFORD SOLUTIONS LLC, changing its name to SKOUT SECURE INTELLIGENCE LLC, was filed 02/05/2018.*

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 05th day of February  
two thousand and eighteen.*



A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201802060324 \* 30

1. ED  
18 FEB -9 AM 5:49  
STATE OF NEW YORK  
DEPARTMENT OF STATE  
ALBANY, NEW YORK