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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 123910 4312830

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 19, 2018

ORDER TIME : 9:53 AM

ORDER NO. : 123910-030

CUSTOMER NO: 4312830

## FOREIGN FILINGS

NAME: BROADSOFT CONTACT CENTER 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: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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 FOREKSN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BROADSOFT CONT. (Name of Foreign		imited Liability Company," "L L C.," or "LLC	")
			212 6 22 20 1 6 2 20 1 6 7
	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Lurited I	-tability Company," "L L C," or "LLC.")
Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI na	ember, if applicable)
4			
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de	ior to registration ) elerraine penalty hability)	
5. 9737 Washington Blvd., Suite 350 (Street Address of Principal Office)		6. 170 W. Tasman Drive	dies.
• • •		San Jose, CA 95134	dairecc)
Gaithersburg, MD	20878	3ai 10sc, CA 93134	HAR
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
7. Name and street addre	ss of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Corporation Service Company		Heavy.
Office Address:	1201 Hays Street		5
	Tallahassee	, Florida <sup>3230</sup> 1	
	(City)	(Zip c	rode)
ana accept the obugation	is of my-position as registered agent. Corporation Service Company By: (Registered ag	cent's signature)	Roxanne TurnerAsst. Vice President
8. The name, title or cap Title or Capacity:	acity and address of the person(s) wh Name and Address:	no has/have authority to manage is/are Title or Capacity:	: <u>N</u> ame and Add <u>ress:</u>
	Mark T. Gorman		
Manager	170 W. Tasman Drive		
	San Jose, CA 95134		· · · · · · · · · · · · · · · · · · ·
<u></u>	_		
(Use attachments if neces	ssary)		
	of which it is organized. (If the certi-	old, duly authenticated by the official ficate is in a foreign language, a transl	
		0203 (1) (b). Florida Statutes, I am aw a third degree felony as provided for i	
	Th. H		
	Sign	nature of an authorized person	
	Mark T. Gorman, Manager		
	· · · · · · · · · · · · · · · · · · ·	ped or printed name of signee	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BROADSOFT CONTACT CENTER 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 TWENTIETH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADSOFT

CONTACT CENTER LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH,

A.D. 2004.

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

Authentication: 202353386

Date: 03-20-18

3782598 8300 SR# 20182039675