To:

Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 \*\*Enter the email address for this business entity to be used for Enture annual report mailings. Enter only one email address please \*\*\* Email Address: Foreign Limited Liability Company Q Squared Solutions Expression Applysis LLC Certificate of Status Certified Copy 03 Page Count \$155.00 Estimated Charge

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## 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 FOREXIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA; 1 Q Squared Solutions Expression Analysis LLC (Name of Foreign Limited Liability Company, must include 'Limited Liability Company," 'L L C," or "LLC.") (If name permitable, crees afternote some adopted for the purpose of presenting business in Florida. The alternate rame raust include. "Limited Liebility Company," "L. L. C," or "U.C,") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited habitary company is organized) 4 upon registration 4820 Emperor Boulevard (Street Address of Principal Office) (Mailing Address) Durham, NC 27703 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: <u>近</u>, Florida 33324 Plantation (Cxy) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited limitity 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. C T Corporation System Ву: ssistant Secretary 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Title or Canacity: Name and Address: Title or Capacity: Name and Address: VP/Manager Santiago Estrada 4820 Emperor Boulevard Durham, NC 27703 (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) (5), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree follow as provided for in \$.817.155, F.S. Signature of an authorized person

Typed or printed name of signer

Santiago Estrada



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF TATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "Q SQUARED SOLUTIONS EXPRESSION
ANALYSIS 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 SECOND DAY OF MAY,
A.D. 2018.

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

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Jettiny W. Buttack, Secretary of State

Authentication: 202618581

Date: 05-02-18