10/22/2018

Division of Corporations

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Foreign Limited Liability Company HGS (USA), LLC

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Help

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:

name unavailable, enter alternale na	and adopted for the purpose of transacting business in Flori	da. The al	ternate name must include "Lümited Li	ability Company," "L L.C," or "LLC."	
Delaware		3.			
(Inrisdiction under the low of which sweign limited liability company is organized)			[FEI nun	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections \$03,0904 & 603,0903, F.S. to determin	egistration sc periality	.) Ræbility)		
4933 Lincoln Avenue	1000	6.	4933 Lincoln Avenue	<u>. 6</u>	
(Sucer Address of P	tancioni Office)		(Mailing Ad Lisle, Illinois, 60532	dress)	
Name and street address	s of Florida registered agent: (P.O. Box	NOT a	icceptable)	-3-	
_	C T Corporation System	 `	• •		
Name:				$\mathcal{A}_{\mathcal{A}}$	
Office Address:	1200 South Pine Island Road				
	Plantation		, Florida 33324	•	
	(Çny)		(7.jp co	de)	
	ons of all statutes relative to the proper of of my position as registered agent. By: C T Corporation System Lames M. Halpin, Assistant Secretar.	and co.	mplete performance of my	t in this capacity. I furthe duties, and I am familiar	
nd accept the obligations	s of my position as registered agent.	y ignature) s/have :	mplete performance of my Jo-M. Do- authority to manage is are:	duties, and I am familiar	
nd accept the obligations	s of my position as registered agent. By: C T Corporation System By: Lunes M Halpin, Assistant Secretar (Registered agent's a	y ignature) s/have :	mplete performance of my Ja-M. Diff-	duties, and I am familiar	
nd accept the obligations I . The name, title or capa	s of my position as registered agent. By: C T Corporation System James M. Halpin, Assistant Secretar, (Registered agent's re- scity and address of the person(s) who has Name and Address: Narasimha Murthy	y ignature) s/have :	mplete performance of my Jo-M. Do- authority to manage is are:	duties, and I am familiar	
nd accept the obligations The name, title or capa Title or Capacity:	s of my position as registered agent. By: C T Corporation System James M. Halpin, Assistant Secretar, (Registered agent's re- scity and address of the person(s) who has Name and Address:	y ignature) s/have :	mplete performance of my Jo-M. Do- authority to manage is are:	duties, and I am familiar	
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The name, title or capa Title or Capacity: Manager Use attachments if necess Attached is a certificate risdiction under the law of	Sof my position as registered agent. C. T. Corporation System By: C. T. Corporation System Registered M. Halpin. Assistant Secretar. (Registered agent's resistant Address: Name and Address: Narasimha Murthy 4933 Lincoln Avenue Lisle. Illinois, 60532 Sery:) of existence, no more than 90 days old, cof which it is organized. (If the certificate	y y y y y y y y y y y y y y y y y y y	mplete performance of my m. D authority to manage is/are: itle or Capacity:	Name and Address:	
The name, title or capa Title or Capacity: Manager Use attachments if necess Attached is a certificate prisdiction under the law of the translator must be st.	Sof my position as registered agent. C. T. Corporation System By: C. T. Corporation System Registered M. Halpin. Assistant Secretar. (Registered agent's resistant Address: Name and Address: Narasimha Murthy 4933 Lincoln Avenue Lisle. Illinois, 60532 Sery:) of existence, no more than 90 days old, cof which it is organized. (If the certificate	y y ignorus) s/have: Ti	mplete performance of my M. D. M.	Name and Address: naving custody of records in tion of the certificate under that any false information are that any false information.	
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Page 1

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

DELAWARE, DO HEREBY CERTIFY "HGS (USA), 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

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

3880131 8300
SR# 20187245803
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203652651

Date: 10-22-18