

M190000005856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200328395302

04/30/19--01028--011 **160.00

FILED
2019 JUN 10 A 09:03
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

D SCOTT
JUN 17 2019

PERFORMANT

May 19, 2019

FL Department of the State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

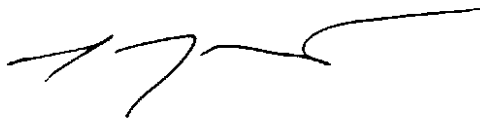
Re: **Performant Technologies Foreign Conversion Memo**

To Whom it May Concern:

Per your letter dated May 6, 2019, this letter is to serve as to notice that Performant Technologies, Inc. is hereby waiving its right to revoke its status as a dissolved business entity in your state. Performant Technologies, Inc. is simply attempting to convert its status type from a corporation to an LLC. The new name will be Performant Technologies, LLC but no other changes will be instituted.

Because your state requires an official withdrawal of the converting entity there should be no issue of a name conflict with the new entity since the company is merely converting its status type. Thank you for your time and attention to this matter.

Best Regards,



Ian Johnston
Manager

5

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

FILED
MAY 21 11 40 AM '19
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2019

ADAM FISHMAN
333 N CANYONS PKWY, SUITE 100
LIVERMORE, CA 94551

SUBJECT: PERFORMANT TECHNOLOGIES, LLC
Ref. Number: W19000043897

We have received your document for PERFORMANT TECHNOLOGIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is F05000000732.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 619A00009072

RECEIVED

JUN 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Performant Technologies, 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:

Adam Fishman

Name of Person

Performant Technologies, LLC

Firm/Company

333 N. Canyons Pkwy, Suite 100

Address

Livermore, CA 94551

City/State and Zip Code

aliaslicensing@performantcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Fishman

925

960-4800

at (_____) _____

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$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. Performant Technologies, 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.")

California/USA

20-2026425

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (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)

333 N. Canyons Pkwy, Suite 100

333 N. Canyons Pkwy, Suite 100

5. (Street Address of Principal Office)

6. (Mailing Address)

Livermore, CA 94551

Livermore, CA 94551

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Registered Agents Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.


(Registered agent's signature)

Chantalle Rufen-Blanchette
Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Harold T. Leach, Jr.
☐ Member Address: 333 N. Canyons Pkwy, Ste. 100
☐ Authorized Livemore, CA 94551
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Ian Johnston
☐ Member Address: 333 N. Canyons Pkwy, Ste. 100
☐ Authorized Livemore, CA 94551
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Lisa Im
☐ Member Address: 333 N. Canyons Pkwy, Ste. 100
☐ Authorized Livemore, CA 94551
Person _____
☐ Other _____ ☐ Other _____

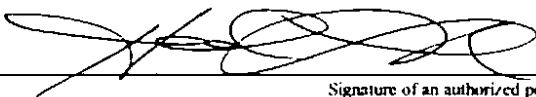
☒ Manager Name: David White
☐ Member Address: 333 N. Canyons Pkwy, Ste. 100
☐ Authorized Livemore, CA 94551
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.


Signature of an authorized person

Harold T. Leach, Jr.

Typed or printed name of signer

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PERFORMANT TECHNOLOGIES, LLC

FILE NUMBER: 201906010375
FORMATION DATE: 03/01/2019
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

201906010375
03/01/2019
DOMESTIC LIMITED LIABILITY COMPANY
CALIFORNIA
ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 22, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State