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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 904494 AUTHORIZATION : C COST LIMIT : \$ 125.00 ORDER DATE: September 3, 2019 ORDER TIME : 3:21 PM ORDER NO. : 904494-065 CUSTOMER NO: 7413803 FOREIGN FILINGS NAME: AFLAC INFOSEC SERVICES LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

### **COVER LETTER**

TO:		ution Section of Corporation:	s						
SUBJE		ac InfoSec Servic	es LLC						
			Name o	of Lin	nited Liability (	Company			
			eign Limited Liability Co I to register the above ref						
Please	return all o	correspondence co	oncerning this matter to t	he fol	lowing:				
		Corporate Secre	tary's Office - J. Matthey	v Loue	dennilk				
				Name	e of Person				
		Aflac InfoSec Se	ervices LLC						
Firm/Company									
		1932 Wynnton I	Road						
				A	ddress	<u>-</u>			
		Columbus, GA	31999						
			City	/State	and Zip Code				
	(	CorpSec@Aflac.c	com					20	
	_		E-mail address: (to be u	sed fo	r future annual	report notificat	ion)	2019 SEP	57 <b>92</b> -5
For furt	her inforn	nation concerning	this matter, please call:				•	Eb -2	ara []
	Corpora	te Secretary's Off	fice	а	706 .t (	323-3431		5 AM	7]
	-	Name of	Contact Person		Area Code	Daytime	Telephone Numbe	<u>≕</u>	الس
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee. F	orporations ection ng e Center Circle	55			
			e following amount: e to: FLORIDA DEPAI	RTMI	ENT OF STAT	ГЕ			
		5.00 Filing Fee	\$130.00 Filing Fee Certificate of S	s.e	\$155.00	Filing Fee & ed Copy	S160.00 Filin	_	

## 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. Affact InfoSec Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.")

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida The alternate name must include "Lim	ited Liability Compa	ny," "L L.C."	or "LLC.")			
DE 2	nich foreign limited liability company is organized)	84-2027603 3. (Fill number, if applicable)						
Upon filing 4.			El number, if applica	ible)				
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605 0905, F.S. to determine	egistration.) te penalty liability)						
c/o Corporate	c/o Corporate	c/o Corporate Secretary's Office						
(Street Address of F	·		ing Address)					
1932 Wyn	nton Road	1932 Wyr	inton R	load				
Columbus, GA 31999	9	Columbus, GA 3199	99					
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		2019 SEP -5	- Cal			
Name:	Corporation Service Company			<del>23-</del>	- 74			
Office Address:	1201 Hays Street		<u>.</u> .	MH II: 55				
	Tallahassee	3230 Florida	Zíp 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.

By: (Registered agent's signature) Michele L. Abbott. Asst. VP

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: Title or Capacity: Name and Address: Name: Aflac Corporate Ventures LLC × Manager Manager Name: Address: \_\_\_ Member Member Address: \_ Columbus, GA 31999 Authorized Authorized Person Person Other Other Other Other Manager Name: \_\_\_\_\_ Manager Member Address: Member Address: Authorized Authorized Person Person Other\_\_ Other Other\_ Other \_ Manager Manager Member Address: Member Authorized Authorized Person Person Other\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Nadeem K Signature of an authorized person Nadeem Khan

Typed 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 "AFLAC INFOSEC SERVICES 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 THIRD DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AFLAC INFOSEC SERVICES LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2019.

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

Authentication: 203516626

Date: 09-03-19

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