# M200000052

(Requ	estor's Name)	
(Addık	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Name	e)
(Docu	ment Number)	
entified Copies	Certificates (	of Status
Special Instructions to Fili	ing Officer:	
26 14 11 C		
2 A THE C		

Office Use Only



700338635347

2020 JAH-2 PHI2: 48

57/3/2

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 118127 7928019

AUTHORIZATION :

COST LIMIT : C\$ \125.00

ORDER DATE: December 30, 2019

ORDER TIME : 9:50 AM

ORDER NO. : 118127-005

CUSTOMER NO: 7928019

-----

#### FOREIGN FILINGS

NAME: ECLERX LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

EXAMINER:

20120 JA4-2 PH 12: L8

### COVER LETTER

TO:

**Registration Section Division of Corporations** 

Name	of Limited Liability Co	ompany	
nclosed "Application by Foreign Limited Liability Cence, and check are submitted to register the above re			
e return all correspondence concerning this matter to	the following:		
	Name of Person		
	Firm/Company		-
	Address		
Cit	ty/State and Zip Code		
E-mail address: (to be	used for future annual re	eport notification)	2020 J
orther information concerning this matter, please call:			2020 JAN -2
Name of Contact Person	at () Area Code	Daytime Telephone Number	PH 12: 48
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Ft. 32314	T. F. C. 2	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301	8 48
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA	T	Fallahassee. FL 32301	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The a	Itemate name must include "Limited Liability Compar	w," "L.L.C," or "ELC
Texas			98-0366881	•
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration ine penalty	i ) li <b>a</b> bility)	
286 Madison Avenue			286 Madison Avenue	
(Street Address of Principal Office)		6.	(Mailing Address)	·
14th Floor			14th Floor	
New York, NY 10017	,		New York, NY 10017	2026
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	0 JA!! -2
Name:	Corporation Service Company			PH 12:
Office Address:	1201 Hays Street		<del></del>	
	Tallahassee		32301 , Florida	
	(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. Roxanne Turner

Asst. Vice President

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: Joseph A. Menard Name: Anjan Malik ■Manager Manager 286 Madison Avenue Address: \_ 286 Madison Avenue Member Address: 14th Floor 14th Floor ☐ Authorized Authorized New York, NY 10017 New York, NY 10017 Person Person Other Other\_ Other Other Deepa Kappor Prital Shah Manager Name: Name: Manager Manager Address: 286 Madison Avenue 286 Madison Avenue Address: Member Member 14th Floor 14th Floor ☐Authorized Authorized New York, NY 10017 New York, NY 10017 Person Person Head of HR Other\_\_\_\_ Other\_\_ Manager ■ Manager Member Address: \_\_\_\_\_ ☐ Member Address: ☐ Authorized Authorized Person Person \_\_\_Other\_\_\_\_\_ Other\_\_\_\_\_ 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. Prital Shah Signature of an authorized person Prital Shah

Is ped or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

## **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for eClerx LLC (file number 800061650), a Domestic Limited Liability Company (LLC), was filed in this office on March 06, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 31, 2019.



Ruth R. Hughs Secretary of State į į

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 934423540003

Phone: (512) 463-5555 Prepared by: SOS-WEB

Fax: (512) 463-5709