

8/21/2020

Division of Corporations

H20002906193

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
BROADRIDGE BUSINESS PROCESS OUTSOURCING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 600.06, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Broadridge Business Process Outsourcing, LLC

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

(If owner unavailable, some filers may have adopted for the purpose of transacting business in Florida. The filer must not include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware

(State or other jurisdiction in which Foreign Limited Liability Company is organized)

3. 52-2316608

(Tax ID number of filer)

4. _____

(If one has previously been in Florida, it must be registered. If the filer is not a resident of Florida, it is to determine residency requirements)

5. 2 Gateway Center

(Street Address of Principal Office)

6. 2 Gateway Center

(Mailing Address)

Newark, New Jersey 07102

Newark, New Jersey 07102

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Michele L. Abbott

(Registered agent's signature)

Michele L. Abbott, Asst. Vice President

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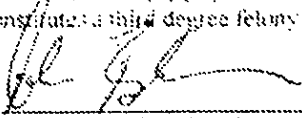
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Broadridge BPO Holding LLC</u>	☒ Manager	Name: <u>Michael Alexander</u>
☒ Member	Address: <u>2 Gateway Center</u>	☐ Member	Address: <u>2 Gateway Center</u>
☐ Authorized	<u>Newark, NJ 07102</u>	☐ Authorized	<u>Newark, NJ 07102</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: <u>Adam Behar</u>	☐ Manager	Name: <u>Cynthia B. Dash</u>
☐ Member	Address: <u>2 Gateway Center</u>	☐ Member	Address: <u>2 Gateway Center</u>
☐ Authorized	<u>Newark, NJ 07102</u>	☐ Authorized	<u>Newark, NJ 07102</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u>Christopher Perry</u>	☐ Manager	Name: _____
☐ Member	Address: <u>2 Gateway Center</u>	☐ Member	Address: _____
☐ Authorized	<u>Newark, NJ 07102</u>	☐ 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. 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

Adam Behar, Manager

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Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROADRIDGE BUSINESS PROCESS OUTSOURCING, 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 TWENTIETH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADRIDGE BUSINESS PROCESS OUTSOURCING, LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2001.

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



3378303 8300

SR# 20206850079

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203506235

Date: 08-20-20

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