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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 FEB 28 AM 10: 06

February 26 1976

Florida Department of State Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, Fl 32399

20002101602--S -02/28/97--01120--001 ****140.00 ****140.00

Dear Sir or Madam:

Enclosed herein is check in the amount of \$140.00 to Register Information Control, L.L.C. along with the necessary documents including an original certificate of existance.

Kindly send your letter of acknowledgement to:

Boris Ellison 115 East Greentree Lane Lake Mary Fl. 32746

Thank you,

Boris Ellison

Name Availability	KWW
Document Examiner	KWM
Updater	KWM
Updater Verifyer	· KWM
Acknowledgemen	nt KWM
W. P. Verifyer	KWM

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA 97 FEB 28 AM 10: 06

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l (Name L.C.	e of foreign limited liability company ma "if not so contained in the name at prese	ust end with the wor	rds "limited company" or their abbre	viation
2. /V (Juris comp	14 12 4 L A M D diction under the law of which foreign lin pany is organized)	3. 5	Z - /9 555/6 (FEI number, if applicable)	
4Z	(Date of Organization)	5. (Dura cease t	2021 ation: Year limited liability company o exist or "perpetual")	will
6			tions 608,501, 608,502, and 817,155,	
	1005 Golf Esta	ites Di	·	
L	aytonsville, m	D ZC 8 Street address of pa	rincipal office)	
. List na	ame, title, and business address of emanage the foreign limited liability	each managing of company in Floring	member[MGRM] or manager[lorida: (attach additional page if	AGR]who `necessary)
. List na	ame, title, and business address of emanage the foreign limited liability NAME & ADDRESS:	each managing of company in Flo	member[MGRM] or manager[Norida: (attach additional page if NAME & ADDRESS:	MGR]who `necessary) TITLE:
. List na	manage the foreign limited liability	company in Flo	orida: (attach additional page if	necessary)
. List na	manage the foreign limited liability NAME & ADDRESS:	company in Floring TITLE: Sr. Mgr.	orida: (attach additional page if	necessary)
. List na	NAME & ADDRESS: F. Edward Ward	company in Floring Company in Fl	orida: (attach additional page if	necessary)
. List na	nanage the foreign limited liability NAME & ADDRESS: F. Edward Ward 21005 Galf Estates D	company in Floring Company in Fl	orida: (attach additional page if	necessary)
. List na	nanage the foreign limited liability NAME & ADDRESS: F. Edward Ward 21005 Galf Estates D	company in Floring Company in Fl	orida: (attach additional page if	necessary)
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. List na	nanage the foreign limited liability NAME & ADDRESS: F. Edward Ward 21005 Galf Estates D	company in Floring Company in Fl	orida: (attach additional page if	necessary)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 The name of the limited liability company is:
Information Control, LLC
2. The name and address of the registered agent and office is:
ROPIS ELLISON (Name)
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
LAME MARY, FL 32746 (City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Information deposes and says	a tion
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 87,7cc
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ <u>87,200</u> .
VILE SR MER	
Signature of a member of authorized representative of a member (In accordance with section 608,408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	er.

STATE OF MARYLAND

513323

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, BRENDA A. WALKER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHT OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INFORMATION CONTROL, LLC
IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS
OF THE STATE OF MARYLAND AND THAT SAID LIMITED LIABILITY
COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT
BUSINESS.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 24TH PAY OF FEBRUARY, 1997.

/BRENDA A. WALKER ADMIN SPECIALIST II

AT5-031