

1/15/2021

Division of Corporations

M21000020248798

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000020248 3)))



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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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SECRETARY OF STATE  
TALLAHASSEE, FL

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\*\*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  
Acorio LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,210.00

RECEIVED

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Corporate Filing Menu

Help

Handwritten signature and date: YS 1/22/21

DocuSign Envelope ID: DEEC95B6-3DF5-4147-BEDD-26476F8B1380

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ACORIO LLC

1. (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.")

Massachusetts

46-1656372

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

3. (FEI number, if applicable)

September 1, 2017

4. (Date first transacted business in Florida, if none in registration) (See sections 605.094 & 605.095, F.S., to determine penalty liability)

230 Congress Street

230 Congress Street

5. (Street Address of Principal Office)

6. (Mailing Address)

9th Floor

9th Floor

Boston, MA 02110

Boston, MA 02110

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

Name: C T Corporation System

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.

By: C T Corporation System Chris Rickard, Assistant Secretary (Registered agent's signature)

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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]

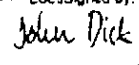
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>NTT DATA, Inc.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>7950 Legacy Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Suite 900</u> <u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 PALM BEACH, FL

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

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.

DocuSigned by:  
  
 \_\_\_\_\_  
Signature of an authorized person

John M. Dick, Senior Vice President & Secretary  
 \_\_\_\_\_  
Typed or printed name of signer



The Commonwealth of Massachusetts  
Secretary of the Commonwealth  
State House, Boston, Massachusetts 02133

William Francis Galvin  
Secretary of the  
Commonwealth

January 12, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ACORIO LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 3, 2021.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NTT DATA, INC

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: NTT DATA, INC, WILLIAM DAVID CROXVILLE, JOHN M DICK, MEREDITH VANCE, TROY WAGNON, KATRINA KROPA, JENNIFER M LURIE, ROBERT DAVID PRYOR

The names of all persons authorized to act with respect to real property listed in the most recent filing are: WILLIAM DAVID CROXVILLE, JOHN M DICK, MEREDITH VANCE, TROY WAGNON, KATRINA KROPA, JENNIFER M LURIE, ROBERT DAVID PRYOR



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

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