

EXHIBIT 1

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CITRIX COMMUNICATIONS LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF MAY, A.D. 2012, AT 6:46 O'CLOCK P.M.



5154331 8100

120561889

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9571346

DATE: 05-14-12

**CERTIFICATE OF FORMATION
OF
CITRIX COMMUNICATIONS LLC**

The undersigned, being an authorized person, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, Title 6, Chapter 18, Delaware Code, Section 18-10 et seq. (the "Act"), hereby certifies, pursuant to Section 18-201(a) of the Act, that

FIRST: The name of the limited liability company is Citrix Communications LLC.

SECOND: The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808.

THIRD: The name of its Registered Agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 14th day of May 2012.

/s/La-Rae Strawbridge
La-Rae Strawbridge, Authorized Person

Form **LLC-45.5**
June 2010

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act
Application for Admission to Transact Business

SUBMIT IN DUPLICATE
Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: \$500

Penalty: \$

Approved: *jd*

FILE #:

03977005

This space for use by Secretary of State.

FILED

AUG 20 2012

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name: Citrix Communications LLC

2. Assumed Name: _____
(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of Organization: Delaware

4. Date of Organization: 05/14/2012

5. Period of Duration: Perpetual
(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)

6. Address of the Office required to be maintained in the jurisdiction of its organization or, if not required, of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)

851 West Cypress Creek Road
Number Street Suite #
Fort Lauderdale, FL 33309
City, State ZIP Code

7. Registered Agent: Illinois Corporation Service Company
First Name Middle Name Last Name

Registered Office: 801 Adlai Stevenson Drive
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #
Springfield Sangamon County Illinois 62703
City Zip Code

8. If applicable, Date on which Company first conducted business in Illinois: N/A

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LLC-45.5

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: Telecommunications

10. The Limited Liability Company: (check one)

a. is managed by the manager(s) (List names and addresses.)

Citrix Online LLC, 851 West Cypress Creek Road, Fort Lauderdale, FL 33309

b. has management vested in the members(s) (List names and addresses.)

11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or county wherein the LLC is formed.

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: August 16, 2012

Month, Day, Year

Antonio Gomes

Signature

Antonio G. Gomes

Name and Title (type or print)

Secretary of Citrix Systems Inc manager
If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.
of Citrix online LLC manager