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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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

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15 SEP -8 AM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
PSIGEN SOFTWARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$878.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Please use this one  
\*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSIGEN Software, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bruce Hensley

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Name of Person

PSIGEN Software, Inc.

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Firm/Company

5800 NE 7th Avenue

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Address

Boca Raton, FL 33487-4115

---

City/State and Zip code

Bruce.Hensley@paigen.com

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Polckoudas at ( 949 ) 721-5562

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Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. PSIGEN Software, Inc.  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PSIGEN  
 (if name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 33-0969761  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 26, 2012 5. Perpetual  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. October 25, 2013  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5800 NE 7th Avenue, Boca Raton, FL 33487-4115  
 (Principal office address)

\_\_\_\_\_  
 (Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
 (City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

NRAI Services, Inc.

By: \_\_\_\_\_  
 (Registered agent's signature)  
**Jose Castellanos, Assistant Secretary**

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 TALLAHASSEE, FL  
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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Bruce Hensley

Address: 5800 NE 7th Avenue, Boca Raton, FL 33487-4115

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Glenn Johnson

Address: 1232 Fredericksburg Dr. S., Lugoff, SC 29078

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Bruce Hensley

Address: 5800 NE 7th Avenue, Boca Raton, FL 33487-4115

Treasurer: Bruce Hensley

Address: 5800 NE 7th Avenue, Boca Raton, FL 33487-4115

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Bruce Hensley  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Bruce Hensley, Director and CEO  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSIGEN SOFTWARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSIGEN SOFTWARE, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2012.

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



  
Jeffrey W. Bullock, Secretary of State

5175960 8300

SR# 20150033459

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 10005102

Date: 09-08-15