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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

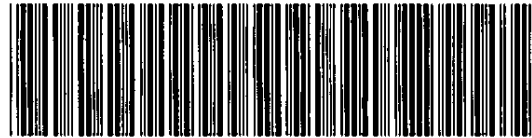
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/05/17--01026--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JUN -5 AM 11:27

FILED

S. WARREN

JUN 08 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OMNIFY 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:  
STACY DOUCETTE

_____ Name of Person
OMNIFY SOFTWARE, INC.
_____ Firm/Company
2 HIGHWOOD DRIVE, SUITE 202
_____ Address
TEWKSBURY, MA 01876
_____ City/State and Zip code
sdoucette@omnifysoft.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY DOUCETTE	978	988-3800 x110
_____ Name of Person	at (_____) 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.*

OMNIFY SOFTWARE, INC.

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

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

2. DELAWARE 3. 54-2088866

(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/2002 5. \_\_\_\_\_

(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_

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

7. 2 HIGHWOOD DRIVE, SUITE 202, TEWKSBURY, MA 01876

(Principal office address)

(Current mailing address, if different)

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

Name: CT CORPORATION SYSTEM

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.*



(Registered agent's signature)

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, FLORIDA

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

**A. DIRECTORS**

Chairman: CHARLES CIMALORE  
Address: 2 HIGHWOOD DRIVE, SUITE 202, TEWKSBURY, MA 01876

Vice Chairman: BRADFORD PAUL  
Address: 2 HIGHWOOD DRIVE, SUITE 202, TEWKSBURY, MA 01876

Director: ANDREW F. HALL III  
Address: 17A GILL STREET, WOBURN, MA 01801

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

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

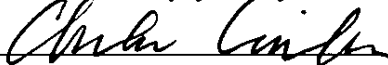
President: CHARLES CIMALORE  
Address: 2 HIGHWOOD DRIVE, SUITE 202, TEWKSBURY, MA 01876

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

Secretary: BRADFORD PAUL  
Address: 2 HIGHWOOD DRIVE, SUITE 202, TEWKSBURY, MA 01876

Treasurer: BRADFORD PAUL  
Address: 2 HIGHWOOD DRIVE, SUITE 202, TEWKSBURY, MA 01876

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

12.   
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. CHARLES CIMALORE, PRESIDENT  
(Typed or printed name and capacity of person signing application)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNIFY 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 TWENTY-FOURTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNIFY SOFTWARE, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2002.



  
Jeffrey W. Bullock, Secretary of State

3607847 8300

SR# 20173683278

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

Authentication: 202593432

Date: 05-24-17