# **FB00000637**

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
,	·	,
(Do	cument Number)	<del>-</del>
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Certified Copies	_ Certificates of	of Status
Special Instructions to		
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Office Use Only



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SECRETARY OF SHALL

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D. SCOTT FEB - 8 2013 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 060694 7968686

AUTHORIZATION :

COST LIMIT : \$ 70.00 man

ORDER DATE : February 6, 2018

ORDER TIME : 9:28 AM

ORDER NO. : 060694-005

CUSTOMER NO: 7968686

FOREIGN FILINGS

NAME: SERVICE SOFTWARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### **COVER LETTER**

TO:	Registration Se Division of Co							
		E SOFTWARE, IN	<u></u>					
SUBJ	ECT:							
		Name	of corporation	n - must	include suffix			
Dear S	Sir or Madam:							
"Certi	ficate of Existence	ion by Foreign Co e," or "Certificate in corporation to t	of Good Sta	anding"	and check are sui			
Please	return all corres	ondence concern	ing this matt	er to the	following:			
			IS, A. MANTI		-			
			Name o	f Person	- <del> </del>			
		INSU	RANCE SER	VICES C	FFICE, INC.			
			Firm/Co	mnany				
		545 WA			ARD-21ST FLR	TAL SE	2018	
			Add			<u></u>	<del></del>	
		_	JERSEY CITY		10	>: 25:	EB	
						: S	<u>:                                    </u>	 
			City/State	and Zip	code			[1]
		E-mail address	s: (to be used	for futu	re annual report	notification	<del></del>	
For fu	rther information	concerning this n	iatter, please	call:		Z A	50	
MS. A	. MANTEY		201 at (	469	-2000			
	Name of Perso	n	Area Co	de /	Daytime Telep	shone Number	<del></del>	
Enclos	Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
		_						
<b>■</b> \$70	0.00 Filing Fee	Certificate			75 Filing Fee & fied Copy	S87.50 F Certific Certific	ate of Stat	

## 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.

	FTWARE, INC.		
	corporation; must include "INCORPORATED."  Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION	<b>!,"</b>
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	g business in Florida)
DELAWARE			
(State or country under the law of which it is incorporated) (FEI number, if applicable)			
(Date	(Date of incorporation)  5. (Date of duration, if other than perpetual)		than perpetual)
6			
545 WASHING 7	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 TON BOULEVARD-21ST FLR JERSEY CITY	2, F.S., to determine penalty liabili	ty)
	(Principal	office address)	
<del></del>	(Current mailing	address, if different)	ZING FEB
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	ASSER TARY
Name:	CORPORATION SERVICE COMPANY		
Office Address:	1201 HAYS STREET		LON 69
	TALLAHASSEE	32301 , Florida	50 104
	(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.

Roxanne Turner
Asst. Vice President

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.

11. Nam	es and business addresses of officers and/or directors:		
A. DIRI	ECTORS		
Chairman	:		<del></del> -
Address:			
Vice Chai	rman:		
Address:			
Director	KENNETH E. THOMPSON		
	545 WASHINGTON BOULEVARD		
Audicss.	JERSEY CITY, NJ 07310		
Dievotor			
Address:			
B. OFF	ICEDS		-
		14 s 20	
	545 WASHINGTON BOULEVARD JERSEY CITY, NJ 07310		77
Address:		<del></del>	
		<u> </u>	<u></u>
Vice Pres	ident:	—————————————————————————————————————	<u> </u>
Address:	545 WASHINGTON BOULEVARD JERSEY CITY, NJ 07310	1.08 m. 2.0	
		JA O	<del></del>
Secretary			
Address:	545 WASHINGTON BOULEVARD JERSEY CITY, NJ 07310		<u> </u>
Treasurer	:		<u>.</u>
Address:	545 WASHINGTON BOULEVARD JERSEY CITY, NJ 07310		
NOTE:	If necessary you may attach amoddendum to the application listing additional offi	cers and/or director	rs.
12.	MELL		
·	Signature of Director or Officer		
	ter or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the De		
a third d	egree felony as provided for in s.817.155, F.S.		
13. <u>KE</u> ?	NETH E. THOMPSON, SECRETARY	<del></del>	
	(Typed or printed name and capacity of person signing application	)	

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SERVICE 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 SIXTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVICE SOFTWARE, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2017.

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

2010 FEB -1 A 8: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication: 202103330

Date: 02-06-18

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SR# 20180780669