

F100000002758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MRS  
6/16

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** WORKFORCE 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:

EDWARD R. BERNICE

Name of Person

WORKFORCE SOFTWARE INC.

Firm/Company

38705 SEVEN MILE ROAD, SUITE 300

Address

LIVONIA, MI 48152

City/State and Zip code

EBERNICE@WORKFORCESOFTWARE.COM

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

For further information concerning this matter, please call:

ED BERNICE

Name of Person

at ( 877 ) 493-6723

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. WORKFORCE SOFTWARE INC.**

(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. MICHIGAN**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. 06-29-1999**

(Date of incorporation)

**5.**

**PERPETUAL**

(Duration: Year corp. will cease to exist or "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. 38705 SEVEN MILE ROAD, SUITE 300, LIVONIA MI 48152**

(Principal office address)

**38705 SEVEN MILE ROAD, SUITE 300, LIVONIA MI 48152**

(Current mailing address)

**8. PROVIDE SOFTWARE AND PROFESSIONAL SERVICES TO IMPLEMENT EMPCENTER**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **ANDREW RIVKIN**

Office Address: **1088 SUGARBERRY TRAIL**

**OVIEDO**

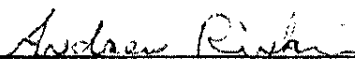
(City)

, Florida **32765**

(Zip code)

**10. 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)

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

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**A. DIRECTORS**

Chairman: KEVIN CHOKSI

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Address: 38705 SEVEN MILE ROAD, SUITE 300, LIVONIA MI 48152

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

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

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

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

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

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

**B. OFFICERS**

President: KEVIN CHOKSI

Address: 38705 SEVEN MILE ROAD, SUITE 300, LIVONIA MI 48152

Vice President: ED BERNICE

Address: 38705 SEVEN MILE ROAD, SUITE 300, LIVONIA MI 48152

38705 SEVEN MILE ROAD, SUITE 300, LIVONIA MI 48152

Secretary: KEVIN CHOKSI

Address: 38705 SEVEN MILE ROAD, SUITE 300, LIVONIA MI 48152

Treasurer: \_\_\_\_\_

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

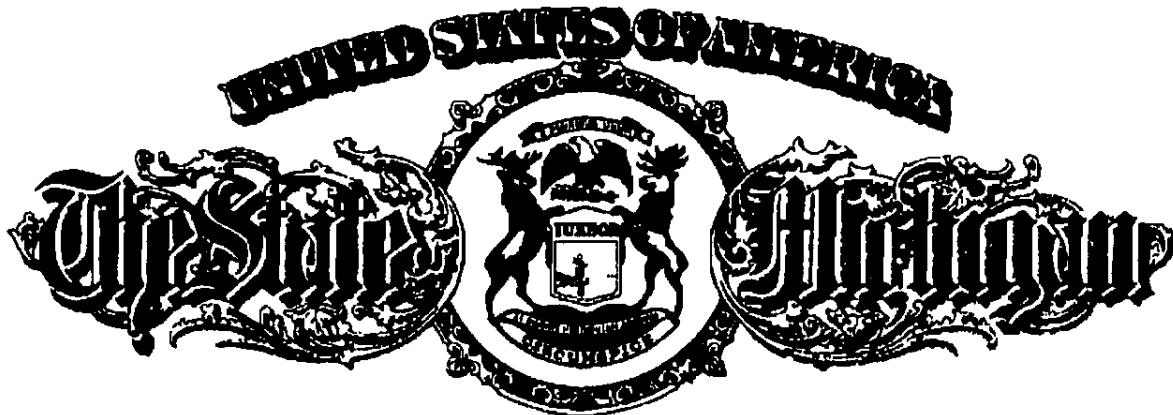
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. EDWARD R. BERNICE, VICE PRESIDENT AND CHIEF FINANCIAL OFFICER

(Typed or printed name and capacity of person signing application)



This is to Certify That

**WORKFORCE SOFTWARE INC.**

was validly incorporated on June 29, 1999, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Sent by Facsimile Transmission  
1016711

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of June, 2010

 Director

Bureau of Commercial Services