

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : HARVARD BUSINESS SERVICES, INC.

'Account Number : I20080000045

: (302)645-7400

Fax Number

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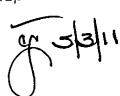
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Flor	ida)
Delaware		3. (FEI number, if applicable)	-
	under the law of which it is incorporated)	• • • • • • • • • • • • • • • • • • • •	
04/27/201		S Perpetual	
•	of incorporation)	(Duration: Year corp. will cease to exist or "perpetus	ıl")
May 6, 20			
	(Date first transacted business (SEE SECTIONS 607,1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
201 South	Biscayne Blvd, 28th Floor		
	(Principal office as	ddress)	
Miami, Flo	orida 33131		
	(Current mailing as	ddress)	-
O-8			=
Software		country to be carried out in state of Florida)	2911 HAY -2
	·	·	1
. Name and street	ct address of Florida registered agent: (P	O. Box NOT acceptable)	10
Name:	Joseph W. Levy		2
office Address:	201 South Biscayne Blvd,	. 28th Floor	22
mice Address.			ς'n
	Miami (City)	, Florida 33131 (Zip code)	430
	(C11))	(Zip code)	

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:
A. DIRECTORS
Chairman: Joseph W. Levy
Address: 201 South Biscayne Blvd, 28th Floor
Miami, Florida 33131
Vice Chairman: Tomer Sofinzon
Address: 201 South Biscayne Blvd, 28th Floor
Miami, Florida 33131
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendesn to the application listing additional officers and/or directors.
13.
(Signature of Director or Officer listed innumber 1) of the application)
Joseph W. Levy - Chairman (Typed or printed pame and countries to
(Typed or printed name and capacity of person signing application)

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Delaware 21 PARRY -2 PH 12: 51

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLEARCI NORTH AMERICA 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 SECOND DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEARCI NORTH AMERICA INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2011.

4974247 8300 110481204



AUTHENTICATION: 8732364

DATE: 05-02-11

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