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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6381

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Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FOREIGN PROFIT/NONPROFIT CORPORATION  
B SQUARED INVESTMENTS INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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J. Shivers JUL 02 2012

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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.**

**1. B Squared Investments Incorporated**

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

B Squared Investments I of Florida Incorporated

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

**2. South Carolina**

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

**3. 57-0951789**

(FEI number, if applicable)

**4. April 1, 1992**

(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. 101 N. Main Street, 12th Floor, Greenville, SC 29601**

(Principal office address)

101 N. Main Street, 12th Floor, Greenville, SC 29601

(Current mailing address)

**8. Captive employee leasing firm for providing common paymaster & employee benefit administration**

(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: NRAI Services, Inc.


Office Address: 315 East Park Avenue

Tallahassee, Florida 32301  
(City) (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.*

By:



(Registered agent's signature)

Jose Castellanos, Asst. Secretary

**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: John W. Boyd

Address: 101 N. Main Street, 12th Floor  
Greenville, SC 29601

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: John W. Boyd

Address: 101 N. Main Street, 12th Floor, Greenville, SC 29601

Vice President:

Address:

Secretary: John W. Boyd

Address: 101 N. Main Street, 12th Floor, Greenville, SC 29601

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

The officer or director signing this document (and who is listed in number 12 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.

14. John W. Boyd, President

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

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TALLAHASSEE, FLORIDA

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# The State of South Carolina



Office of Secretary of State Mark Hammond

## Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

**B SQUARED INVESTMENTS INCORPORATED,**  
a corporation duly organized under the laws of the State of South Carolina on April 1st, 1992, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 29th day of June, 2012.

2012 JUN 29 AM 11:47  
SECRETARY OF STATE  
MARK HAMMOND  
COLUMBIA, SOUTH CAROLINA

*Mark Hammond*  
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.