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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

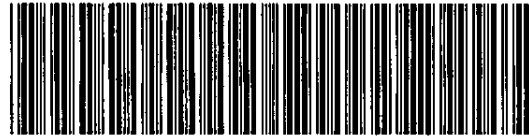
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Certified Copies _____

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12 DEC 26 PM 4:23
12 DEC 26 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 27 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: New Age Software Services Corp.
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:

Jean Seibold

Name of Person

Forman & Altino, P. A.

Firm/Company

2101 W. Commercial Blvd., Suite 2800

Address

Fort Lauderdale, FL 33309

City/State and Zip code

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

For further information concerning this matter, please call:

Jean Seibold

Name of Person

at (954) 735-0000

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:

- ☒ \$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.

FILED
12 DEC 26 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FL 32399

1. New Age Software Services Corp.

(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. New Hampshire

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

3. 02-0481453

(FEI number, if applicable)

4. June 12, 1995

(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. 2101 West Commercial Blvd., Suite 2800

(Principal office address)

Fort Lauderdale, FL 33309

(Current mailing address)

To have and to exercise all the powers now or hereafter conferred by the laws
of the State of Florida upon corporations organized pursuant to the laws under
8. which this Corporation is organized and any and all acts amendatory thereof and
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) supplemental thereto

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

Name: Robert S. Forman

Office Address: 2101 West Commercial Blvd., #2800

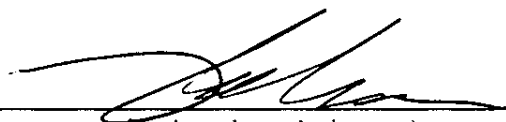
Fort Lauderdale, Florida 33309

(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.


(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Timothy E. O'Donohue

Address: 20 Mary E. Clark Drive, Unit 9

Hampstead, NH 03841

Director: _____

Address: _____

B. OFFICERS

President: Timothy E. O'Donohue

Address: 20 Mary E. Clark Drive, Unit 9

Hampstead, NH 03841

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Timothy E. O'Donohue

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NEW AGE SOFTWARE SERVICES CORP. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on June 12, 1995. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of October, A.D. 2012

William M. Gardner
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA