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ION SERVICE COMPANY						
ACCOUNT NO. : 12000000195						
REFERENCE : 704968 7882778						
AUTHORIZATION: Smelle man						
COST LIMIT : \$ 70.00						
ORDER DATE : June 27, 2013						
ORDER TIME : 9:10 AM						
ORDER NO. : 704968-070						
CUSTOMER NO: 7882778						
FOREIGN FILINGS						
NAME: ELEVATE HR, INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER:						

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.

(If name unavaila	ole in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)	••
Delaware		3. 27-1329992	
(State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)	
4/17/12		5. perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	••
	-		
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
1055 PARSIPPA	NÝ BLV STE 511, PARSIPPANY, NJ	•	
· · · · · · · · · · · · · · · · · · ·	(Principal office		•
1055 Pars	ippany Blv Ste 511, Pa:	rsippany, NJ 07054	
	(Current mailing		ដ
Software	development		
(Burnaco(s)	of corporation authorized in home state a	or country to be carried out in state of Florida)	. 1
(ruiposc(s)	or corporation authorized in nome state of		&
		7D (C) D - 100(D4-1-1-)	2
	address of Florida registered agent:	(P.O. Box NOT acceptable)	
	address of Florida registered agent: Corporation Service Company	(P.O. Box <u>INOT</u> acceptable)	69
Name and street		(P.O. Box NOT acceptable)	8: 05
Name and street	Corporation Service Company	(P.O. Box <u>NO1 acceptable)</u>	B: 05

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.

Corporation Service Company

Sue G. Knight
Assistant Vice President

(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.

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: Director: Address: B. OFFICERS President: DAVID ERICKSON Address: DAVID ERICKSON Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Secretary: Address: Treasurer: Address: NOTE: If picestary, jouly as part and an addendum to the application listing additional officers and/or directors. I3. 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.	12. Names and business addresses of officers and/or directors:		
Address: Director: Address: Director: Address: Director: Address: DAVID ERICKSON Address: DAVID ERICKSON PARS IPANY, NJ 04054 Vice President: Address: Secretary: Address: Treasurer: Address: Treasurer: Address: Treasurer: Address: NOTE: If pacessary followay attach an addendum to the application listing additional officers and/or directors. 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. DAVID EDICKSON DEPOSIDENT	A. DIRECTORS		
Address: Director: Address: Director: Address: Director: Address: David Erickson President; PARS IPANY, NJ 07054 Vice President: Address: Secretary: Address: Treasurer: Address: Treasurer: Address: NOTE: If nacessary follows attach an addendum to the application listing additional officers and/or directors. 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 Itabs: information submitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.155; F.S. DAVID EDIRECTSON DEPOSIDENT	Chairman:	~	
Vice Chairman: Address: Director: Address: David ERICKSON PARS: PRANY BLVD \$7E 5 // PARS: PRANY, NJ 03054 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: Indecessary, fourney-attach an addendum to the application listing additional officers and/or directors. 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. DAVID ERICKSON DEPORTMENT			_
Address: Director: Address: B. OFFICERS President: DAVID ERICKSON Address: 1055 PARS: \(\text{PANN} \) BLV D \ \ \ \ \text{87E 5 /1 } \ PARS: \(\text{PPANN} \) NS \(\text{O \text{Q O \text{S / PPANN}} \) Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necestary, followay attach an addendum to the application listing additional officers and/or directors. 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 Religious provided for in s.817.155, F.S. DAVID ERICKSON DEPORTMENT			_
Director: Address: B. OFFICERS President: DAVID ERICKSON Address: 1055 PARS: PANNY BUNO 87E 5 // PARS: PPANNY, NJ 07054 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, followay attach an addendum to the application listing additional officers and/or directors. 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. DAVID RESIDENT	Vice Chairman:		
Address: B. OFFICERS President: DAVID ERICKSON Address:	Address:		_
Address: B. OFFICERS President: DAVID ERICKSON Address:			_
Director: Address: B. OFFICERS President: DAVID ERICKSON Address: DAVID ERICKSON Address: DAVID ERICKSON Secretary: Address: Treasurer: Address: NOTE: If necestary: outmay attach an addendum to the application listing additional officers and/or directors. 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 \$.817.155, F.S. DAVID ERICKSON DEPENDENT.	Director:	· · · · · ·	
Director: Address: B. OFFICERS President: DAVID ERICKSON Address: OSS PARS PANNY BLV 0	Address:		
Address: B. OFFICERS President: DAVID ERICKSON Address: (055 PARS: PANNY BLV 0 87E 5 / 1			_
B. OFFICERS President: DAVID ERICKSON	Director:		_
B. OFFICERS President; DAVID ERICKSON Address: DAVID ERICKSON PARS I PANY, NJ 07054 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, fourmay attach an addendum to the application listing additional officers and/or directors. 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. DAVID ERICKSON PRESIDENT	Address:		_
President: Address: DAVID ERICKSON BLV 0 STE 5 1			_
Address: OSS PARS PANNY BLVD STE S			
Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, ourney attach an addendum to the application listing additional officers and/or directors. 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. DAVID ERICKSON PRESIDENT			_ _
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DAVID ERICKSON PRESIDENT	The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated he are true and that he or she is aware that false information submitted in a document to the Department of State const		
	DAVID ERICKSON PRESIDENT		

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ELEVATE HR, 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 FIFTH DAY OF JULY, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEVATE HR,

INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D.

2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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AUTHENTY CATION: 0564588

DATE: 07-05-13

You may verify this certificate online at corp.delaware.gov/authver.shtml