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DEPARTMENT OF STATE





ACCOUNT NO. : I2000000195 REFERENCE: 724503 AUTHORIZATION :-COST LIMIT : C ORDER DATE : July 12, 2013 ORDER TIME : 9:52 AM ORDER NO. : 724503-005 CUSTOMER NO: 7843492 FOREIGN FILINGS NAME: FORREST SOLUTIONS, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Stephanie Milnes -- EXT# 52920

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.

Forrest Solutio	Forrest Solutions, Inc.				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
(If name unavaila	able in Florida, enter alternate corporate nar	né	adopted for the purpose of transacting business in Florida)		
New York		3.	(FEI number, if applicable)		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
October 16, 20	007	5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
5.					
<sub>7</sub> 19 W. 44th Stre		7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
* Marian Carlos	(Principal office a	dd	ress) ASSE		
	(Current mailing a	ıdd	ress)		
Staffing service	<del>9</del> s		STAT		
(Purpose(s	) of corporation authorized in home state or	. co	ountry to be carried out in state of Florida)		
	et address of Florida registered agent: (	Р.С	O. Box <u>NOT</u> acceptable)		
. Name and stree	di nadicesa di Mondi registered agenti.				
Name and street Name:	Corporation Service Company				
Name:	<del></del>		· · · · · · · · · · · · · · · · · · ·		
,	Corporation Service Company		 , Florida		

## 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: Lighanie Lilius Aud V. P.

(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:

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Len	**	r uzra 	A SECTION	

A.	DIRECTORS	13.1111 15 44	_	
	. Mitchell Weiner	13 JUL 15 AM	8: 1	(

Chairman	Mitchell Weiner	60000000000000000000000000000000000000
Address:	19 W. 44th St, 9th Floor, New York, New York 10036	GESKETARY OF STATE TALLAHASSEE FLORIDA
Vice Chai	Steve Forrest	
Address:	19 W. 44th St, 9th Floor, New York, New York 10036	
Director:	Jim Caton	
Address:	19 W. 44th St, 9th Floor, New York, New York 10036	
Director:		
Address:		
<b>B. OFF</b> I President:	Mitchell Weiner	
Address:	19 W. 44th St, 9th Floor, New York, New York 10036	
Vice Presi	Steve Forrest	
Address:	19 W. 44th St, 9th Floor, New York, New York 10036	
Secretary:	Jim Caton	
Address:	19 W. 44th St, 9th Floor, New York, New York 10036	
Treasurer;	Peter Marcus	
	19 W. 44th St, 9th Floor, New York, New York 10036	
NOTE:	If necessary, you may attact) an addendum to the application listing additi	onal officers and/or directors.
<del>_</del>	Signature of Director or Officer	a) aft +hat the form
	er or director signing this document (and who is listed in number 12 aboved that he or she is aware that false information submitted in a document	

a third degree felony as provided for in s.817.155, F.S.

14. Peter Marcus, CFO/Treasurer

FILED

## State of New York Department of State } ss:

13 JUL 15 AM 8: 19

SECRETARY OF STATE TALLAHASSEE FLORIDA

I hereby certify, that the Certificate of Incorporation of FORREST SOLUTIONS, INC. was filed on 10/16/2007, under the name of S AND M ACQUISITION II, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment S AND M ACQUISITION II, INC., changing its name to FORREST SOLUTIONS, INC., was filed 12/31/2007.



Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of July two thousand and thirteen.

Anthony Giardina

Executive Deputy Secretary of State

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