

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| I | | | |

Office Use Only



400258663574

AM 8: 50



ACCOUNT NO. : 12000000195

REFERENCE :

7742334

AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE: April 10, 2014

ORDER TIME : 9:37 AM

ORDER NO. : 089979-005

CUSTOMER NO: 7742334

FOREIGN FILINGS

NAME: KNOWLEDGENT GROUP INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX 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.

| 1 | KNOWLENGENT | GROUD INC. | <u>.</u> |
|----------------------------------|---|--|------------|
| (Enter name of co | orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.") | "COMPANY," CORPORATION," | |
| me., со., с | orp, "me," Co, or "Corp.") | <u></u> | |
| | | 3 | |
| (If name unavails | shie in Florida enter alternate comprete name | adopted for the purpose of transacting business in Florida | |
| (ii name anavani | iore in Prorida, enter alternate corporate name | adopted for the purpose of transacting ourness in Providay | 5 |
| 2. <u>Dela</u> | ware 3. | | |
| (State or country i | under the law of which it is incorporated) | (FEI number, if applicable) | တဲ့ |
| 4. Octob | <u>er 23 2009</u> 5. | <u>Pernetual</u> | _ ဗိ |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | |
| 6 | February 10. | لمدره و | |
| | (Date first transacted business in | | _ |
| <u></u> | (SEE SECTIONS 607.1501 & 607.15 | 502, F.S., to determine penalty liability) | |
| 7. <u> </u> | Tourtain View F | Soud - 2 Pa FLOOR | _ <u>.</u> |
| | (Principal office add | ress) | |
| WAR | RED , UJ O | 7059 | _ |
| | (Current mailing add | | . , |
| To enga | ge in any lawful | act or activity for who roanized under applicable | nich |
| 8. <u>corpo</u> | rations maybe o | rganized under applicable | i lau |
| (Purpose(s | of corporation authorized in home state or co | unity to be carried out in state of Florida) | |
| Name and stree | t address of Florida registered agent: (P.C | D. Box NOT acceptable) | |
| Name: | Corporation Service Company | | |
| Office Address: | 1201 Hays Street | | |
| | Tallahassee | . Florida 32301 | |
| | (City) | (Zip code) | |
| 10 Bankatau 3 | 43 | | |
| | ent's acceptance: ed as registered agent and to accept servi | ice of process for the above stated corporation at the | e niace |
| designated in this | application, I hereby accept the appointm | nent as registered agent and agree to act in this cap | acity. I |
| further agree to co | emply with the provisions of all statutes r | elative to the proper and complete performance of | my |
| | amiliar with and accept the obligations of | f my position as registered agent. | |
| (| Corporation Service Company | | |
| Œ | V V | Too G. Knight Too G. Knight Too G. Vice President | |
| <u> </u> | (Repistered event's si | construe) | |

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: Francis Casagrande (DIRECTOR and OFFICER) |
| Address: 3 Mountain Vieur Road - 2 Nd Floor |
| WARREN NJ 07059 |
| Vice Chairman: Emanuel Apturi (DIRECTOR and OFFICER) |
| Address: 1177 Avenue of the Americas - 10# Floor |
| New YORK, Dy 10036 |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| |
| B. OFFICERS |
| Co-President: Shailandra Jain (Co-President-Co-Ceo & OFFICER |
| Address: 3 Mountain View Boad - 2nd Floor |
| WARRED, NJ 07059 |
| CO- President: PETER GIBSON (CO-PRESIDENT-CO-CED DEFICER) |
| Address: 3 Mountain View Boad - 2Nd Floor |
| WARREN NJ 07059 |
| CORPORATE COUNSEL GREGORY Banacki Jr. (CORPORATE Counsel & Office |
| Address: 3 Nountain View Road - WARREN NJ 07059 |
| Treasurer: PETER MCKEEVER (CFO TREASURER JOFFICER) |
| Address: 1177 AVENUE of the Americas - 10th Floor |
| 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. PETER MCKEEVER - CFO TREASURER & OFFICER |
| (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 "KNOWLEDGENT GROUP 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 TENTH DAY OF APRIL, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNOWLEDGENT GROUP INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2009.

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.

4745338 8300

140452163

Jeffrey W Bullock, Secretary of Sta AUTHENTY CATION: 1282242

DATE: 04-10-14

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

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: KNOW edgent GROUP INC. 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: |
| DIANE MCSWIENEY |
| Name of Person |
| KNOWledgent GROUP INC. |
| |
| 3 Mountain View Rd 2 Nd FLOOR |
| Address |
| WARREN NJ 07059 City/State and Zip code |
| · · · · · · · · · · · · · · · · · · · |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & |