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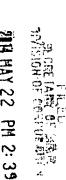
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/22/14--01014--008 **78.75



IJH

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SATISFACTION AT WORK 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:
SHEA HEAVER
SHEA HEAVER Name of Person
SATISFACTION AT WORK INC Firm/Company
7241 SW 39 CT Address
DAVIE FL 33314 City/State and Zip code shea. heaver@satisfactionatwork.com
shea. heaver@satisfactionatwork.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHEA HEAVER at (954) 993-7200 Name of Person Area Code & Daytime Telephone Number
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 \$\overline{\ov

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.

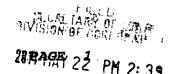
					-		-	ed for the purpose of transacting busi	-	-
2.	DELA	twar	26			3.	40	6-4979076 (FEI number, if applicable	•	_
(State or countr	ry under	the law of	which it is	s incorporated)	_		(FEI number, if applicable	j	_
4.	02/2	1/20	014			5.	ĺ	PERPETUAL ration: Year corp. will cease to exist		
•	(Da	ate of in	corporation	n) .			(Du	ration: Year corp. will cease to exist	or "perpetual")	_
6.					N/A			ida, if prior to registration)		
·			(SEE S	SECTIONS	8 607.1501 & 60	7.15	02, F	S., to determine penalty liability)		_
7	7241	٥٠٠	39	CT.	DAVIE	F	Ĺ	33314		_
				(Principal office	addr	ess)			
_	7241	Su	39	CT	DAVIG	ļ	FL	33314		_ uii
										Neiska Politika
8.	· (Purpose	c(s) of c	orporation	authorized	in home state of	ог со	intry	to be carried out in state of Florida)	<u>2</u>	
								x NOT acceptable)	P	
	Name:			•	AGENTS	•			2: 3 •	
Off	ice Address:	30)30 N. F	Rocky P	oint Dr, STE	E 15	OΑ		-	•
	Tampa				, Florida 33607 (Zip code)					
				(Ci	ty)			(Zip code)		
Ha des fur	ignated in th ther agree to	med as is appl compl	registero ication, I y with the	ed agent o hereby a e provisio	ccept the appoint	intn tes r	ient elati	f process for the above stated corp as registered agent and agree to ve to the proper and complete pel position as registered agent.	act in this cap	acity.
			A	TA				Dan Keen - Presiden	t	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	AVIOLOTI TARA DE COM		
A. DIRECTORS	THE THE PARTY OF T		
Chairman: SHEA HEAVER	287 MAY 22 PM 2: 39		
Address: 7241 Sw 39 CT			
2011			
Vice Chairman:			
Address:			
Auditss.			
	· · · · · · · · · · · · · · · · · · ·		
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: SHEA HEAVER			
Address: 7241 Sw 39 CT			
DAVIE FL 33314			
Vice President:			
Address:			
Address.			
S-a-mata-min			
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) at are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.			
14. SHEA HEAVER, OFFICER			
(Typed or printed name and capacity of person signing applica	ition)		

Delaware MARIE 22 PM 2: 39



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SATISFACTION AT WORK 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 NINETEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5485831 8300

140658674

Jeffrey W. Bullock, Secretary of State **AUTHENTICATION: 1382886**

DATE: 05-19-14

verify this certificate online o.delaware.gov/authver.shtml