

F15000000257

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(Address)

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(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

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01/23/15

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nimble HR Inc

Signature _____

Requested by: SETH

01/22/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
X _____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
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____ Corp Record Search _____
____ Officer Search _____
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____ UCC 1 or 3 File _____
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Nimble HR, LLC
512 Caraway Court
Jacksonville, Florida 32259

January 22, 2015

Via Hand Delivery
Florida Department of State
Division of Corporations

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Re: Authorization for Filing Similar Name

Dear Sir or Madam:

The undersigned, being sole authorized member of Nimble HR, LLC, hereby authorizes the use and filing of a similar name of Nimble HR, Inc. Please accept this letter as your authorization to file the Application by Foreign Corporation for Authorization to Transact Business in Florida for Nimble HR, Inc.

Thank you for your assistance in this matter.

Sincerely,

Nimble HR, LLC

By: 

Darren J. Bounds

Its: Authorized Member

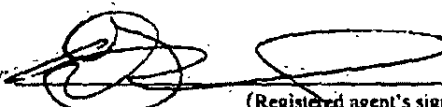
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Nimble HR, Inc.
(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. Delaware 3. 47-1894539
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 9, 2015 5. PERPETUAL
(Date of incorporation) (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. 512 Caraway Court, Jacksonville, Florida 32259
(Principal office address)
- 512 Caraway Court, Jacksonville, Florida 32259
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Darren J. Bounds
- Office Address: 512 Caraway Court
Jacksonville, Florida 32259
(City) (Zip code)

9. 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:  _____
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: Darren J. Bounds
Address: 512 Caraway Court
Jacksonville, Florida 32259

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Darren J. Bounds
Address: 512 Caraway Court
Jacksonville, Florida 32259

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
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.

13. Darren J. Bounds, President
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NIMBLE 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 TWENTIETH DAY OF JANUARY,
A.D. 2015.


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5672960 8300

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2052549

DATE: 01-20-15