

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**F15000004237**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**YourPeople, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$870.00

RECEIVED  
15 SEP 24 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2015  
J. HARRIS

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** YourPeople, 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:

Katie Nunes

Name of Person

Your People, Inc.

Firm/Company

303 2nd st suite 401 North Tower

Address

San Francisco, CA 94107

City/State and Zip code

knunes@zenefits.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Nunes

Name of Person

at ( 916 ) 705-1745

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 & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. YourPeople, 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**

(State or country under the law of which it is incorporated)

**3. 46-0645293**

(FEI number, if applicable)

**4. 07/11/2012**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. 11/01/2013**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 303 Second St North Tower St 450, San Francisco, CA 94107**

(Principal office address)

same

(Current mailing address)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

CT Corporation System

By: Carrie Bayan

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**

President: Parker Conrad

Address: 303 Second St North Tower St 450

San Francisco, CA 94107

Vice President: Parker Conrad

Address: 303 Second St North Tower St 450

San Francisco, CA 94107

Secretary: Parker Conrad

Address: 303 Second St North Tower St 450, San Francisco, CA 94107

Treasurer: Parker Conrad

Address: 303 Second St North Tower St 450, San Francisco, CA 94107

**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. Parker Conrad, President

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Parker Conrad  
Officer/Director: Officer  
Officer's Title: CEO  
Director's Title:  
Business Address: 303 Second St North Tower St 450  
City: San Francisco  
State: CA  
ZIP Code: 94107
- 2 Full Name: Parker Conrad  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 303 Second St North Tower St 450  
City: San Francisco  
State: CA  
ZIP Code: 94107
- 3 Full Name: Lakshminarasimhan Raghavan  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 303 Second St North Tower St 450  
City: San Francisco  
State: CA  
ZIP Code: 94107
- 4 Full Name: Lars Dalgaard  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 303 Second St North Tower St 450  
City: San Francisco  
State: CA  
ZIP Code: 94107
- 5 Full Name: David Sacks

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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9/24/2015 3:05:43 PM From: To: 8506176383( 6/7 )

Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	303 Second St North Tower St 450
City:	San Francisco
State:	CA
ZIP Code:	94107

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YOURPEOPLE, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2015.

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

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



5182298 8300

SR# 20150211183

You may verify this certificate online at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)

Jeffrey W. Bullock, Secretary of State

Authentication: 10106615

Date: 09-22-15