F16000002654

	(Requestor's Name)			
	(Address)			
	(Address)	<u> </u>		
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				





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May 3, 2016

ELISA BOGERT 9197 S PEORIA ST ENGLEWOOD, CO 80112

SUBJECT: HUMANIFY, INC. Ref. Number: W16000032441

We have received your document for HUMANIFY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

Letter Number: 616A00009114

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:				
**************************************	of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Standi	ng" and check are subr		
Please return all correspondence concerni	ng this matter to	the following:		
Elisa Bogert				
	Name of Pe	rson		
TeleTech				
9197 S. Peoria St.	Firm/Compa	ny		
	Address			
Englewood, CO 80112				
	City/State and	Zip code		
elisa.bogert@teletech.com				
E-mail address	: (to be used for	future annual report ne	otification)	
For further information concerning this m	atter, please cal	l:		
Elisa Bogert	303 at ()	397-8451		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
■ \$70.00 Filing Fee □ \$78.75 Filing Certificate of	g Fee & □ \$	378.75 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. HUMANIFY, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") HUMANIFY (FLORIDA), INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) December 14, 2011 perpetual (Date of incorporation) (Date of duration, if other than perpetual) January 2, 2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9197 S. Peoria Street, Englewood, CO 80112 (Principal office address) 9197 S. Peoria Street, Englewood, CO 80112 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 S. Pine Island Road Office Address: Plantation (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.

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.

(Registered agent's signature) Hiedi Liesch, Asst. Sec.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Michael Betzer Chairman: 9197 S. Peoria St., Engelwood, CO 80112 Address: _ Regina Paolillo Vice Chairman: _ 9197 S. Peoria St., Englewood, CO 80112 Kenneth Tuchman Director: 9197 S. Peoria St., Englewood, CO 80112 Address: **B. OFFICERS** Michael Betzer President: 9197 S. Peoria St., Englewood, CO 80112 Address: Vice President: Address: Regina Paolillo Secretary: 9197 S. Peoria Street, Englewood, CO 80112 Address: _ Paul Miller Treasurer: 9197 S. Peoria St., Englewood, CO 80112 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Paul Miller 13.

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HUMANIFY, 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-FIRST DAY OF APRIL, A.D. 2016.

Authentication: 202186335

Date: 04-21-16