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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

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

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FOREIGN PROFIT/NONPROFIT CORPORATION ECLIPSE TECHNOLOGY SOLUTIONS INC.

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COVER LETTER

ΓO: Registration Se Division of Cor					
	echnology Solution	ns Inc.			
SUBOLICI:	Name	of corporation	- must include suffix		•
Dear Sir or Madam:					
	e," or "Certificat	e of Good Stan	Authorization to Transading" and check are subset in Florida.		
Please return all corresp Edward Hannon	ondence concert	ing this matter	to the following:		
		Name of I	Person	A	
Quarles & Brady LLP					1
		Firm/Com	pany	<u>ਬ</u> ਿ	<i>j</i> —
300 N. LaSalle St., Suite	4000			· ·	D.
Chicago, IL 60654		Addre	S8		空空
		City/State ar	nd Zip code		۔۔۔ ک
edward.hannon@quarles.		s. (to be used f	or future annual report i	actification)	
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For further information	concerning this r	natter, please c	all:		
Debra Millinowisch		312 au (715-5000		
Name of Perso	n	Area Code	Daytime Tolep	hone Number	
Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	rporations g Center Circle , 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection prporations 7	
Enclosed is a check for	_				
S70.00 Filing Fee	S78.75 Filia Certificate	_	\$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.

(Enter name of a "Inc.," "Co.," "C	orporation; must include "INCORPORATED, orp," "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION."	•
Eclipse Technol	ogy Solutions USA Inc.		
Of name mayoli Defaware 2.	able in Florida, onter alternate corporato name	adopted for the purpose of transacting husiness in Florida) Applied For	
	y under the law of which it is incorporated) 5.	(FEI number, if applicable) Perpetual	
	of incorporation)	(Date of duration, Wother than perpetual)	
Tich agrays dy siffethings of the PRESCH type	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ive Unit 1, Mississauga, Ontario L51, 5M8	in Florkla, if prior to registration) 1502, F.S., to determine penalty liability)	1
7		ipal office address)	-B - 500
de de apour adeas de abredados Arbeitos de amp	(Current mail	ing address, if different)	
8. Name and stree	et address of Florida registered agent: (P. CT Comoration System	O. Box <u>NOT</u> acceptable)	8.10 108.0%
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida	
	(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.

Sid Buffley assignature)

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chalrman: Vice Chairman: Address: Robert Stroud Director: 2180 Dunwin Drive Unit 1, Mississauga, Ontario LSL 5M8 Address: ___ Rob Smith Director: 2180 Dunwin Drive Unit 1, Mississaugh, Ontario L5L 5M8 Address: B. OFFICERS Robert Stroud President: 2180 Dunwin Drive Unit 1, Mississauga, Ontario LSL 5M8 Kelly Smith Vice President: 2180 Dunwin Drive Unit 1, Mississauga, Outario L5t. 5M8 Rob Smith Secretary: 2180 Dunwin Drive Unit 1, Mississauga, Ontario L5L 5M8 Address: _ Robert Stroud Treasurer: 2180 Dunwin Drive Unit 1: Mississauge, Ontario L.St. 5M3 Address: NOTE: If necessary, you may attach an addandum 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.8[7.]55, F.S.

Kib Smith Secretary

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

Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECLIPSE TECHNOLOGY SOLUTIONS 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2017.

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.

6171797 8300

SR# 20170936484 You may verify this certificate online at corp.delaware.gov/authver.shtml Authentication: 202044968

Date: 02-15-17