

F17000001596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

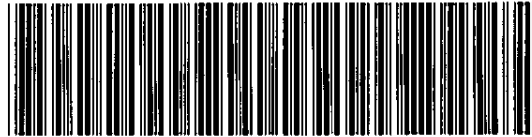
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
17 APR -6 AM 8:36

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DEPARTMENT OF STATE
17 APR -6 PM 4:27

APR 17 2017
J. HARRIS

~~SECRET~~

~~#~~ PLEASE FILE SECOND R

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 463440 5173143

AUTHORIZATION :

COST LIMIT :

\$ 70.00

ORDER DATE : January 12, 2017

ORDER TIME : 3:28 PM

ORDER NO. : 463440-090

CUSTOMER NO: 5173143

FOREIGN FILINGS

NAME: NTHRIVE SOLUTIONS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: nThrive Solutions, 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:

Daniel Mulligan

Name of Person

nThrive Solutions, Inc.

Firm/Company

200 North Point Center E., Suite 600

Address

Alpharetta, GA 30022

City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2017

CSC
MELISSA ZENDER

SUBJECT: NTHRIVE SOLUTIONS, INC.
Ref. Number: W17000029728

RESUBMIT

Please give original
submission date as file date.

17 APR -6 AM 8:36

FILED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF THE STATE OF FLORIDA

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

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00006698

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2017 APR -7 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. nThrive Solutions, 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. 26-2248353
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/17/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 200 North Point Center E., Suite 600, Alpharetta, GA 30022
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

(Registered agent's signature)

Melissa Zender

Asst. Vice President

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.

17 APR -6 AM 8:36

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached document.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached document.

Address: _____

Vice President: _____

Address: _____

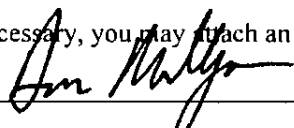
Secretary: _____

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 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.

13. Daniel Mulligan, Vice President/Secretary _____

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

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Attachment

nThrive Solutions, Inc. – Officers and Directors

Officers:

J. Joel Hackney, Jr – Chief Executive Officer – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Dennis Norman – Chief Financial Officer – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Steven Huddleston – President and Chief Client Officer – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Barry Murash – President – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Christopher Skiffington – President – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Thomas Ormondroyd – President – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Daniel Mulligan – Vice President/Secretary – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Lance Culbreth – Vice President/Treasurer and Assistant Secretary – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Christopher Logsdon – Vice President/Assistant Secretary – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Heather Swift - Vice President/Assistant Secretary – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Matthew Willaert – Vice President/Assistant Secretary – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

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CLERK OF STATE
INFORMATION
27 APR -6 AM 8:37

Directors:

J. Joel Hackney, Jr – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

Dennis Norman – 200 North Point Center E., Suite 600, Alpharetta, GA 30022

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CLERK OF SUPERIOR COURT
17 APR -6 AM 8:37

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NTHRIVE 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 TWELFTH DAY OF JANUARY, 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 SAID "NTHRIVE SOLUTIONS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2008.

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



4522576 8300

SR# 20170206675

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201864225

Date: 01-12-17