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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700305191397

COLLIANT OF STATE

S. WARREN NOV 0 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 892089 5015045

AUTHORIZATION : Simulable man

COST LIMIT : \$ 70.00

ORDER DATE: October 31, 2017

ORDER TIME : 10:43 AM

ORDER NO. : 892089-005

CUSTOMER NO: 5015045

FOREIGN FILINGS

NAME: TALENTIFY INCORPORATED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Sect Division of Corpo						
CHID I	ECT.		Talenti	fy, Inc			
SUBJ	ЕСТ:	Name	of corporatio	n - must	include suffix		
Dear S	Sir or Madam:						
"Certi	nclosed "Applicatio ficate of Existence, referenced foreign	" or "Certificat	e of Good Sta	inding" a	ınd check are subi	t Business in Florida." nitted to register the	
Please	return all correspo	ndence concerr	ning this matte	er to the	following:		
		Otha	mar Batista	Gama I	Filho		
			Name of	Person			
		Tale	ntify, Inc				
_			Firm/Co	mpany			
		7380 W	Sand Lake	Rd - 5th	Floor		
			Add	ress			
		Orlando	, FL 32819				
			City/State	and Zip	code		
		othama	r@talentifyh	r.com		(d)	
		E-mail addres	ss: (to be used	l for futu	re annual report n	otification)	
For fu	rther information e	oncerning this	matter, please	call:			
Otha	amar Batista Gam	na Filho	at (407	,	633 0552		
-	Name of Person		Area Co	de	Daytime Telepl	none Number	
	STREET/COUR Registration Sectorivision of Corp Clifton Building 2661 Executive C Tallahassee, FL	tion orations Center Circle	SS:		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee. F	ection rporations	
Enclo	sed is a check for the	ne following an	iount:				ļ
☐ \$7	0.00 Filing Fee	S78.75 Fili Certificate	~		75 Filing Fee & fied Copy	☐ \$87.50 Filing Fee Certificate of Sta 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. Talentify, 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) 82-3189085 (State or country under the law of which it is incorporated) (Delaware (FEI number, if applicable) 07/19/2017 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7380 W Sand Lake Rd, Orlando, FL 32819 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Othamar Batista Gama Filho Name: 7380 W Sand Lake Rd Office Address: Orlando , Florida 32819 (City) 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.

11. Names and business addresses of officers and/or directors:				
A. DIRECTORS				1
Chairman: Othamar Batista Gama Filho		<u> </u>		1
Address:7380 W Sand Lake Rd, Orlando, FL 32819		- 1		<u> </u>
		1		
Vice Chairman:		<u> </u>		
Address:		1		
		_		
Director:		<u> </u>		
Address:		_		
		<u> </u>		· · · · ·
Director:				
Address:				
				-
B. OFFICERS		17 N		ı
President: Othamar Batista Gama Ellho		NOV -	-17	
Address: 7380 W Sand Lake Rd, Orlando, FL 32819			fil	
		12 H	O	1
Vice President:		<u> </u>	! !	
Address:				
Secretary:				!
Address:	-			
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to proper partial additional office	rs and/or d	lirecto	ors.	
12. Signature of Orector or Officer				
Signature di Orector or Officer	show the C		J. I.	
The officer or director signing this document (and who is listed in number 11 above) affirms that true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	mat the fac artment of	as sta State	consti	ein tutes
Othamar Batista Gama Filho - CEO				
(Typed or printed name and capacity of person signing application)			1	

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TALENTIFY, 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 FIFTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TALENTIFY, INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 2017.

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

Authentication: 203353125

Date: 10-05-17

6493651 8300 SR# 20176381647

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