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

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

ACCOUNT NO. : 12000000195

REFERENCE : 903853 8033037

AUTHORIZATION

COST LIMIT

ORDER DATE: November 8, 2017

ORDER TIME : 9:18 AM

ORDER NO. : 903853-005

CUSTOMER NO: 8033037

FOREIGN FILINGS

NAME: WHEN I WORK, 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: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: When I Work	, Inc .
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standardove referenced foreign corporation to transact business	ling" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Sherry Steverr	rex
When I Work, Inc	·
'	•
720 N. 517 01, 504 16 3	<u>00</u>
Minneapolis, MN 5	54c1
City/State at	54c1 d Zip code
Sherry Stevenner & WK	ners i may K. Corry or future annual report notification)
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please co	all:
Sherry Steverroer at 763 Name of Person Area Code) 515-720t)
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327
266) Executive Center Circle Tallahassee, FL 3230)	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 & T \$87.50 Filing Fee. Certified Copy 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 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) 1State or country under the law of which it is incorporated)

(FEI number, if applicable) 6. (Date of incorporation)

(Date of duration, if other than perpetual)

(Date first transacted husiness in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 420 N. 5th St. Suite Soo Minneapolis, MN 55401
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Lallahassee (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. Roxanne Turner Asst. Vice President CorporationsService Company (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			
Chairman:			
Address:			
Vice Chairman:			
Address:			
Director			
Director:			
Address:			 -
Director:			
Address:		-	
		 -	·
B. OFFICERS	, - ,	<u> </u>	
President: Charle Halvarson	:: :	1 17	97
Address: 420 NJ. Sta St Sille 500		-V	٠, ٠
Minneapolis, MN 55401		10	•
Vice President:		74 74:	
Address:			
		_ 	
Secretary: Gragary Wallace			
Address: 420 NJ. Str. St. Suite 500, Minneapol			
	<u>18, 14 N 559</u>	<u> </u>	
Treasurer;			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directo	ors.	
12 DS Call			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affi	ions that the facts sta-	ted ber	vin
are true and that he or she is aware that false information submitted in a document to the white degree felony as provided for in \$.817.155, F.S.	Department of State	constit	utes
13. <u>Gregory Wallace</u> , Secretary (Fyped or printed name and capacity of person signing applications)	on)	·	



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

DELAWARE, DO HEREBY CERTIFY "WHEN I WORK, 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 EIGHTH DAY OF NOVEMBER, 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 "WHEN I WORK,

INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2013.

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

Authentication: 203539998

Date: 11-08-17