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To:	Division of C	amauntines	
	Division of C	•	_
	Fax Number	: (850)617-6383	•
From:			~
	Account Name	: C T CORPORATION SYSTEM	•
	Account Numbe	: FCA000000023	
	Phone	: (512)418-6949	
	Fax Number	: (954)208-0845	
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Kronos SaaShr, Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Kronos SaaShr, Inc.	_
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flurida," "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:	
Debbie Henderson	
Name of Person . Kronos Incorporated	•
Firm/Company 900 Chelmsford Street	
Address Lowell, MA 01851	
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:	
at (	
Name of Person 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	&

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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.

· /5-4	ic.	" UCOLIDADIA SINCE UCODDOD A TION "
	poration; must include "INCORPORATED," p," "Inc," "Co," or "Corp.")	"COMPANY, "CORPORATION,
· '. ' ·		
(If name unavailable	le in Florida, enter alternate corporate name :	adupted for the purpose of transacting business in Florida)
Delaware	3.	45-0474844
(State or country i	under the law of which it is incorporated)	(FEI number, if applicable)
April 19, 2002	5	
(Date of	fincorporation)	(Date of duration, if other than perpetual)
November 3, 2017	1	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
3040 Route 22 Wes	st, Suite 200, Branchburg, NJ 08876	
	(Princip	pal office address)
900 Chelmsford Sn	reet, Lowell, MA 01851	
	(Current mailir	ng address, if different)
Name and street:	address of Florida registered agent: (P.C	). Box_NOT acceptable)
	C T Corporation System	
Name:	- C 1 Co. potadou System	<del></del>
ffice Address:	1200 South Pine Island Road	
	Plantation	Florida 33324
	(City)	(Zip code)
Registered agen		ice of process for the above stated corporation at the pl
		nent as registered agent and agree to act in this capaci
rther agree to con	uply with the provisions of all statutes r	elative to the proper and complete performance of my
ties, and I am fan	miliar with and accept the obligations of	
	C T Corporation S	ystem
•		
· By:	Michel Holan	Michele Holden, Asst Sect

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.

To:	Page	5	of	(
, v.		_	01	٠.

11. Nam	nes and business addresses of officers and/or directors:	•
A. DUR	ECTORS	
Chairman	N	· · · · · · · · · · · · · · · · · · ·
Address:		<del> </del>
Vice Chai	irman:	
'Address:		
Director:	Mark Julien	
Address:	900 Chelmsford Street	
	Lowell, MA 01851	_
Director:	Alyce Moore	
Address:	900 Chelmsford Street	
	Lowell, MA 01851	7941
B. OFF	Robert Deliverte	I AUN.
Address:	900 Chalmsford Street	·
Audiess.	Lowell, MA 01851	<u>}</u>
Vice Pres	Mark Julien	5
Address:	960 Chelmsford Street	
	Lowell, MA 01851	
Secretary:	Alyce Moore	, , , , , , , , , , , , , , , , , , , ,
Address:	900 Chelmsford Street, Lowell, MA 01851	
Treasurer	Mark Julien	
Address:	900 Chelmsford Street, Lowell, MA 01851	
	If necessary, you may attach an addendum to the application listing additional officers and/or dire	ectors.
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of St egree felony as provided for in s.817.155, F.S.	
13. Alya	(Typed or printed name and capacity of person signing application)	
	(Tuned or printed pages and conneity of person signing application)	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KRONOS SAASHR, 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 THIRD 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203510856

Date: 11-03-17