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| (Requestor's Name) | | | | | | |
|---|--------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cil | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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DIVISION OF CORPORATIONS

B FIGUEROA MAR 22 2018

COVER LETTER.

| TO: Registration Section Division of Corpo | | | | |
|---|--|-----------|--|--|
| PRISMHR, | | | | |
| SUBJECT: | Name of corpor | ation - | must include suffix | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application" "Certificate of Existence," above referenced foreign of | or "Certificate of Good | Standi | ng" and check are subi | |
| Please return all correspon Mark Schmidt | idence concerning this n | iatter to | the following: | |
| | Nam | e of Pe | rson | |
| PrismHR, Inc. | | | | |
| 35 Parkwood Drive, Suite 2 | | /Compa | any | |
| | | Addres: | | |
| Hopkinton, MA 01748 | , | Addies. | • | |
| accounting@prismhr.com | City/St | ate and | l Zip code | |
| | E-mail address: (to be u | ised fo | r future annual report n | otification) |
| For further information ec | oncerning this matter, ple | ease ca | 11: | |
| Shari Gaffney | | | 747-7261 | |
| Name of Person | | Code | Daytime Telepl | none Number |
| STREET/COUR Registration Section Division of Corportion Building 2661 Executive Corportion Tallahassee, FL. | on orations enter Circle | | MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F | ection orporations |
| Enclosed is a check for th | e 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 |

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. | PrismHR, Inc. | | | | | |
|----|---|--|------------|--------------------------------------|----------------|----------------------------|
| | | orporation: must include "INCORPORATED, orp." "Inc." "Co," or "Corp.") | " "C | OMPANY." "CORPORATION," | | _ |
| | PrismHR | | | | | |
| | (If name unavaila | ble in Florida, enter alternate corporate name | adop | ted for the purpose of transacting b | usiness in Flo | orida) |
| 2. | ĐE | 3 | 04-2876308 | | | |
| ∠. | (State or country | y under the law of which it is incorporated) | | (FEI number, if applic | able) | |
| 4 | 09/13/13 | 5. | | | | |
| | (Date | of incorporation) 5. | - | (Date of duration, if other tha | n perpetual) | |
| 6. | January 1, 2018 | | | | | |
| ٠. | | (Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 | | | | |
| | 35 Parkwood Dri | ve, Suite 200, Hopkinton, MA 01748 | 302, | 1.3 to determine penanty matrixy | | |
| 7. | | | | ffice address) | | <u> </u> |
| | | (rine) | раго | mee address) | 18 MAR 21 | ECRE |
| | (Current mailing address, if different) | | | | | 무준 - |
| 8. | Name and stree | et address of Florida registered agent: (P. Randi Wadle | О. В | ox <u>NOT</u> acceptable) | P# 2: # | Y OF STATE CORPORATIONS |
| | Name: | Nation Wadie | | _ | 4 | SKS SKS |
| О | ffice Address: | 9050 58th Dr E | | _ | | |
| | | Bradenton | | 34202 , 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.

(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 Scott Collins Chairman: 35 Parkwood Drive, Suite 200, Hopkinton, MA 01748 Address: Sophia Popova Vice Chairman: 35 Parkwood Drive, Suite 200, Hopkinton, MA 01748 Address: Greg Williams Director: 35 Parkwood Drive, Suite 200, Hopkinton, MA 01748 Address: Craig Dynes Director: 35 Parkwood Drive, Suite 200, Hopkinton, MA 01748 Address: **B. OFFICERS** Gary Noke President: 35 Parkwood Drive, Suite 200, Hopkinton, MA 01748 Address: Vice President: Address: __ Brian Unruh Secretary: 35 Parkwood Drive, Suite 200, Hopkinton, MA 01748 Address: Brian Unruh Treasurer: 35 Parkwood Drive, Suite 200, Hopkinton, MA 01748 NOTE: If necessary, you may anoth an addendum 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.817.155, F.S.

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

Brian Unruh

13.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRISMHR, 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. 2018.

Authentication: 202156089

Date: 02-15-18