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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION

Flexiforce USA Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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O SIMMONS JUL 3 0 2018

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.

Flexiforce USA					
	corporation; must include "INCORPORATED," Corp.," "Inc.," "Co,," or "Corp.")	"COMPANY," "CORPORATION,"			
		·			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	usiness in l	Florida)
Delaware	Delaware 27-0168833				
(State or country	ry under the law of which it is incorporated)	(FEI number, if applic	able)		_
07/06/2018		·			
4. (Date of incorporation)		(Dute of duration, if other than	n perpetual	1)	_
07/06/2018					
	(Date first transacted business in	Florida, if prior to registration)	<u> </u>	8	
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)	1200	<u>_</u>	
100 Gardner Parl	x, Suite 300, Peachtree City, GA 30269			۶	_
	(Principa	l office address)	- SSE	27	Ī
110 Sargent Driv	e, New Haven, CT 06511		ing.	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
-,					Ţ
	(Current mailing	address, if different)	1100	=	
	(Current mailing	address, if different)	1807H	Ċ ₹	
Name and <u>stre</u> e	(Current mailing a address of Florida registered agent: (P.O.		VOIRO74		
Name and <u>stres</u> Name:			ELORIDA ELORIDA		
Name:	et address of Florida registered agent: (P.O.		FLORIDA		
	et address of Florida registered agent: (P.O. C T Corporation System		FLORIDA		

9. Registered agent's neceptance:

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.

C T Corporation System

By: Cathyn A (a b Glove) Asst Secretary

Kothrom A Wildow (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.

A. DIRE	CTORS					
Chairman;	David Ambrosini					
	110 Sargent Drive					
	New Haven, C1 06511					
Vice Chain	nan:	·····				
Address: _						
Director: _						
Address: _		SEE SEE				
_		经路上工				
Director: _		65条 2 厂				
Address: _		men .				
		- 10 To				
B. OFFIC	ers	00 A CO				
President:	Mogens Jensen					
Address: _	Lodjursgatan 10					
	SE-261 22 Landskrona, Sweden					
Vice Preside	ent: Per Hansson					
Address: _	Lodjursgatan 10					
	SE-261 22 Landskrona, Sweden					
Secretary: _	Joseph Clauss					
Address:	30840 Peardonville Rd, Abbotsford, BC V2T 6K2, Canada					
Treasurer:	Joseph Hurley					
Address:	110 Sargent Drive, New Haven, CT 06511					
NOTE: If	necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.				
12.	Signature of Director or Officer					

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

13. Joseph Clauss, Secretary

The First State



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

DELAWARE, DO HEREBY CERTIFY "FLEXIFORCE USA 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 TWENTY-SEVENTH DAY OF JULY, A.D.

2018.

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

6964963 8300
SR# 20185879880
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203142572

Date: 07-27-18