F180000004832

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Continue Continue Continue of Change					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
F42nd					
774					
,					

Office Use Only



400320103534

1E OCT 25 PH 1: 36

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 459106 4339006 AUTHORIZATION : COST LIMIT ORDER DATE: October 25, 2018 ORDER TIME : 1:18 PM ORDER NO. : 459106-025 CUSTOMER NO: 4339006 FOREIGN FILINGS NAME: ARVATO BPS, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

	ation Section of Corporations			
SUBJECT: _	rvato BPS, Inc.		.*	,
sonanci		lame of corporation	- must include suffix	
Dear Sir or Mac	lam:			
"Certificate of E	Application by Forci Existence," or "Certi d forcign corporatio	ficate of Good Stan	Authorization to Transac ding" and check are sub ss in Florida.	ct Business in Florida," mitted to register the
Please return al	correspondence co	ncerning this matter	to the following:	
Jennifer Harper				
		Name of	Person	
Bertelsmann, Inc				
		Firm/Com	pany	-
1745 Broadway				
		Addro	ess	
New York, NY 1	0019			
		City/State a	nd Zip code	
jennifer.harper@	bertelsmann.com			
<u> </u>	E-mail a	ddress: (to be used	for future annual report i	notification)
For further info	rmation concerning	this matter, please of	call:	
Jennifer Harper		212 at (782-1074	
Name	of Person	Area Cod	e Daytime Telep	hone 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 c	heck for the following	ng amount:		
☐ \$70.00 Filir		5 Filing Fee & Cificate of Status	3 \$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.

(If name unavaila	ible in Florida, enter alternate corpo	porate name adopted for the purpose of transacting business in Florida)
Delaware		83-1003774
(State or countr	y under the law of which it is incor	grorated) (FEI number, if applicable)
October 22, 201	8	5
(Date of incorporation)		5. (Date of duration, if other than perpetual)
***	(Date first transacted (SEE SECTIONS 607.156	ed business in Florida, if prior to registration) 501 & 607.1502, F.S., to determine penalty liability)
	: Center Drive, Valencia, CA 9135	
		(Principal office address)
1745 Broadway o	c/o Bertelsmann, Inc., New York, N	NY 10019
	(Cı	Current mailing address, if different)
		. ထု သ
Name and stree	et address of Florida registered	agent: (P.O. Box NOT acceptable)
Name:	Corporation Service Company	
ffice Address:	1201 Hays Street	
Thee Address.	Tailahassee	32301
	<u> </u>	, , Florida
	(City)	(Zip code)
aving been nam	application, I hereby accept the omply with the provisions of all	accept service of process for the above stated corporation at the the appointment as registered agent and agree to act in this capa all statutes relative to the proper and complete performance of n bligations of my position as registered agent.
irther agree to c		<u>.</u>

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. DIRECTORS Please see Exhibit A attached for Directors and Officers Address: Vice Chairman: Director: Address: Address: ______ B. OFFICERS President: _____ Address: ______ Vice President: Address: Secretary: Address: ____ Treasurer: Address: NOTE: If necessary, you may attach 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. R. Michael Rowsey, Vice President, Taxes (Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:

List of Directors and Officers

Name	Title	Business Address
Fara Haron	Director and Chief Executive	619B Kumpf Dr
	Officer	Waterloo
		ON N2V 1K8
		Canada
Garo Kechbouladian	Director and Chief Financial	29011 Commerce Center Drive
	Officer	Valencia, CA 91355
R. Michael Rowsey	Vice President, Taxes	1745 Broadway
		New York, NY 10019
Vera L. Noriega	Secretary	1745 Broadway
		New York, NY 10019
Mayumi Ichino	Assistant Secretary	589 8th Avenue, 15th Floor
		New York, NY 10018



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

DELAWARE, DO HEREBY CERTIFY "ARVATO BPS, 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-FIFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARVATO BPS, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2018.

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

Authentication: 203681458

Date: 10-25-18