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(Re	questor's Name)	•
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STAT

JL 3-18

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 478989 7985531

AUTHORIZATION : Trels of

COST LIMIT : (\$\infty\)8.7\.50

ORDER DATE: November 9, 2018

ORDER TIME : 3:39 PM

ORDER NO. : 478989-005

CUSTOMER NO: 7985531

FOREIGN FILINGS

NAME: EVERFI, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: __ _ _ _ __

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
SUBJ	EVERFI, INC.			
3000		corporation	- must include suffix	
		•		
Dear S	ir or Madam:			
"Certi	iclosed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to train	f Good Stand	ling" and check are subm	Business in Florida," itted to register the
	return all correspondence concerning CHEEWAKRIENGKRAI	g this matter	to the following:	
		Name of P	erson	
EVER	FI, INC.			
		Firm/Com	nany	
3299 1	STREET NW, 4TH FLOOR	Thubcomp		
		Addre	SS	
WASH	lington, DC 20007			
		City/State an	d Zip code	
SCHE	E@EVERFI.COM	•	•	
	E-mail address:	(to be used fo	or future annual report no	tification)
12 A.	ut a lu Camania a canamaina thia ma	etas slagga a	s.11.	
roriu	rther information concerning this ma	iter, piease ca	411.	
• · · · · · · · · · · · · · · · · · · ·		871-7432		
	Name of Person	t (Area Code	_) Daytime Telepho	ana Number
	Name of reison	Area Couc	. Daytine releption	me Number
STREET/COURIER ADDRESS:			MAILING ADDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
Clifton Building			P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL	32314
Enclo	sed is a check for the following amou	nt·		
ionero:	sea is a check for the following amou	****		
□ \$7	0.00 Filing Fee S78.75 Filing Certificate of		\$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.

EVERFI, INC.

	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. DELAWARE 2. (State or country JANUARY 17, 4.	y under the law of which it is incorporated) 2008 5, of incorporation)	(FEI number, if a	applicable)
63299 K STREET	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 NW, 4TH FLOOR, WASHINGTON, DC 200	2, F.S., to determine penalty liab	ility)
7	(Principal	office address)	 '
	(Current mailing :	address, if different)	
8. Name and stree	t address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	SECRET SECRET
Office Address:	1201 Hays Street Tallahassee	 32301	ARY OF
	(City)	, Florida(Zip code)	2:08 E.FL

Registered agent's acceptance:

'aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my sties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By:

(Registered agent's signature)

Emily Croft

Asst. Vice President

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction or the law of which it is incorporated.

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

	ECTORS TOM DAVIDSON			
	3299 K STREET NW, 4TH FLOOR, WASHINGTON, DC 20007			
	JON CHAPMAN	<u>.</u> .		
Vice Chai	rman;			
Address:	3299 K STREET NW, 4TH FLOOR, WASHINGTON, DC 20007			
Director:	LISA MAYR		- 	
	3299 K STREET NW, 4TH FLOOR, WASHINGTON, DC 20007			
Address:				
B. OFF	TOM DAVIDSON 3299 K STREET NW, 4TH FLOOR, WASHINGTON, DC 20007	~ · · ·		
Address:		SECRE FORE	· · · · · · · · · · · · · · · · · · ·	77
Vice Pres	JON CHAPMAN ident:	ARX (S)	-
Address:	3299 K STREET NW, 4TH FLOOR, WASHINGTON, DC 20007	SSEE	3	fΠ -Ο
	LISA MAYR	FATE	2: 08	
Secretary:	3299 K STREET NW, 4TH FLOOR, WASHINGTON, DC 20007			
reasurer	LISA MAYR			
ddress:	3299 K STREET NW, 4TH FLOOR, WASHINGTON, DC 20007			
OTE:	If necessary, you may attach an addendum to the application listing additional officers : Lisa Mays	and/or di	rector	s.
true a ird de	Signature of Director or Officer ter or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departure felony as provided for in s.817.155, F.S. A MAYR DIRECTOR, SECRETARY, AND TREASURER			



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

DELAWARE, DO HEREBY CERTIFY "EVERFI, 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 SIXTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERFI, INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2008.

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



Authentication: 203845805

Date: 11-06-18

4489432 8300 SR# 20187505457