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| (Requestor's Name)                      |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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700320693237





ULS 14-18

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE: 479519 7343980

AUTHORIZATION : Sould be to a

COST LIMIT : \$/70...00

ORDER DATE: November 9, 2018

ORDER TIME : 4:57 PM

ORDER NO. : 479519-025

CUSTOMER NO: 7343980

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#### FOREIGN FILINGS

NAME: CERITY SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### **COVER LETTER**

| то:   | Registration Section Division of Corporations  |                         |         |  |  |  |  |
|---|--|-------------------------|---------|--|--|--|--|
| SURI  | Cerity Services, Ir  | ic.                     |         |  |  |  |  |
| SCBO  |  | Name of corporation     | n - m   | ıst include suffix   |  |  |  |
| Dear S  | Sir or Madam:  |                         |         |  |  |  |  |
| "Certi:   | nclosed "Application by F<br>ficate of Existence," or "(<br>referenced foreign corpo | Certificate of Good Sta | anding  | " and check are sub  |  |  |  |
| Please  | return all correspondenc   | e concerning this matt  | er to t | ne following:  |  |  |  |
| Tamın   | ie Tillous   |                         |         |  |  |  |  |
|   |  | Name o                  | f Pers  | on   |  |  |  |
| Cerity  | Services, Inc.   |                         |         |  |  |  |  |
|   |  | Firm/Co                 | mpany   | ,  |  |  |  |
| 10375   | Professional Circle  |                         |         |  |  |  |  |
|   |  | Add                     | ress    | <del></del>  |  |  |  |
| Reno,   | NV 89521   |                         |         |  |  |  |  |
|   |  | City/State              | and Z   | ip code  |  |  |  |
| regulat   | ory@employers.com  |                         |         |  |  |  |  |
|   | E-ma   | il address: (to be used | for fi  | iture annual report i  | notification)  |  |  |
| For fu  | rther information concern  | ing this matter, please | call:   |  |  |  |  |
| Tammic Tillous  |  | 775<br>at (             |         | 327-2427   |  |  |  |
| Name of Person  |  |                         |         | 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 |  |  |  |
|   |  | J                       |         | 8.75 Filing Fce &<br>rtified Copy  | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| Cerity Services,  | erity Services, Inc.   |   |   |  |  |  |
|---|--|---|---|--|--|--|
| (Enter name of co   | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")  | COMPANY," "CORPORATION,   | "   |  |  |  |
| (If name unavaila   | ble in Florida, enter alternate corporate name add   |   | business in Florida)                                  |  |  |  |
| Nevada<br>2.  |  | 3-0667758   |   |  |  |  |
| (State or country<br>05/22/2018   | y under the law of which it is incorporated)   | (FEI number, if app   |   |  |  |  |
|   | of incorporation) 5  | (Date of duration, if other t                                     | han perpetual)  |  |  |  |
| Upon filing   |  |   |   |  |  |  |
| <del></del>   | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502<br>sel's Office, 10375 Professional Circle, Reno, NV   | 2, F.S., to determine penalty liabilit                            | у)  |  |  |  |
|   |  | office address)   |   |  |  |  |
|   |  | address, if different)  | SECRETA   |  |  |  |
| . Name and <u>stree</u><br>Name:  | t address of Florida registered agent: (P.O. Corporation Service Company   |   | TARY OF STATE   |  |  |  |
| Office Address:   | 1201 Hays Street   | _   | EE. RE  |  |  |  |
|   | Tallahassee  | 32301<br>, Florida  | LATE 8  |  |  |  |
|   | (City)   | (Zip code)  |   |  |  |  |
| laving been nam<br>lesignated in this<br>urther agree to co<br>laties, and I am f | ent's acceptance: ed us registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of a | nt as registered agent and agra<br>ative to the proper and comple | ee to act in this capacity. I<br>te performance of my |  |  |  |
|   | orporation Service Company y: Varue  | mu  | Asst. Vice President                                  |  |  |  |
|   | (Registered ag   | ent'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 See attached Chairman: Address: \_\_\_ Vice Chairman: \_\_\_\_ Address: \_\_\_ Director: \_\_ Address: \_\_\_\_\_ Address: **B. OFFICERS** Sec attached President: \_ Address: \_\_ Vice President: Scoretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Own 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. Lori A. Brown, Secretary

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

## Cerity Services, Inc. Officer and Director List

Tracey L. Berg
President & Director
10375 Professional Circle, Reno, NV 89521

Michael S. Paquette Treasurer & Director 10375 Professional Circle, Reno, NV 89521

Lenard T. Ormsby Assistant Secretary 10375 Professional Circle, Reno, NV 89521

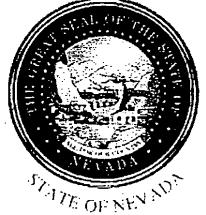
Lori A. Brown Secretary & Director 500 Ygnacio Valley Road, Suite 450, Walnut Creek, CA 94596

Michael D. Rumbolz Chairman of the Board & Director 10375 Professional Circle, Reno, NV 89521

Douglas D. Dirks Chief Executive Officer & Director 10375 Professional Circle, Reno, NV 89521



SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, CERITY SERVICES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 22, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 12, 2018.

Bollars K. Cagerste

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20181112-0102