Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email	Address:	

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE FOREIGN PROFIT/NONPROFIT CORPORATION

Softweb Solutions Inc.

Certificate of Status	U
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

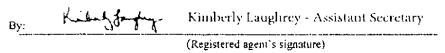
IN COMPLIANCE WITH SECTION 667,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Softweb Solutions Inc. (Enter name of corporation; must include "FNCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")							
Hippis	ilable in Flerida, enter alternate corporate name add	1-4748310	s in Florida)				
2. (State or coun	3	(FEI number, if applicable)					
6. none	te of incorporation)	(Date of duration, if other than perpetual)					
2 CT Corporation	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 208 S LaSalle St Suite 814 Chicago IL 60604						
/	(Principal	office address)	· · ·				
8. Name and str	(Current mailing a eet address of Florida registered agent: (P.O.) C T Corporation System	address, if different) Box <u>NOT</u> acceptable)	pale PIAs 20				
Name: Office Address:	1200 South Pine Island Road	. 	o 84				
	Plantation (City)	, Florida 33324 (Zip code)	0: 15				

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.

CT Corporation System



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. DIRE				
Chairman	Darrel S, Jackson, Director			
Address:	2211 S 47th St Phoenix AZ 850334			
		···		.
Vice Chai	rman: Kenneth A. Jacobson, Director			
	2211 S 47th St Phoenix AZ 85034			
Director:	Jill Wysolmierski, Director			
	2211 S 47th St Phoenix AZ 85034			
Addicess.				
Diversi				
Address:				
B. OFF				
President:	Ripat Vyas			
Address:	7950 Legacy Drive Suite 250 Plano TX 75024			·
				
Vice Pres	ident: Priya Vyas	Jill Wysolmierski	- -	,
Address:	7950 Legacy Drive Suite 250 Planu TX 75024	2211 S 47th St Phoenix AZ 85		<u>`</u>
			- 3. - 12:	
Secretary:	Durrel S. Jackson			
Address:	2211 S 47th St Phoenix AZ 85034		5	
Treasurer	Kenneth A. Jircobson			
	2211 S 47th St Phoenix AZ 85034			
Address:				
NOTE:	If necessary, you may attach an addendum to the application fisting a	aditional officers and/or directo)ΓS.	
12.	Signature of Director or Officer			
are true a	ter or director signing this document (and who is listed in number 11) and that he or she is aware that false information submitted in a documence felony as provided for in s.817.155, F.S.			
	e) S. Jackson, Secretary			
****	(Typed or printed name and capacity of person signing	g application)		

File Number

6487-185-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOFTWEB SOLUTIONS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 08, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 2019

day of

MAY

A.D.

Authentication #; 1913702456 verifiable until 05/17/2020

Authenticate at, http://www.cyberdriveillinois.com

SECRETARY OF STATE