

2019

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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: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Accertify, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

19 JUL -1 PM 2:44

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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.

1. Accortify, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 26-2708428

(FEI number, if applicable)

4. 11/10/2010

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Pierce Place 9th Floor, Itasca, IL 60143

(Principal office address)

same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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.

C T Corporation System

Alfred Younan

By: Alfred Younan

Assistant Secretary

(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.

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mark Michelon ✓

Address: 2 Pierce Place 9th Floor, Itasca, IL 60143

Director: Lorenzo Sorlano ✓

Address: 2 Pierce Place 9th Floor, Itasca, IL 60143

B. OFFICERS SEE ATTACHMENT

President: Mark Michelon ✓

Address: 2 Pierce Place 9th Floor

Itasca, IL 60143

Vice President: Evan Henschel ✓

Address: 2 Pierce Place 9th Floor

Itasca, IL 60143

Secretary: Evan Henschel ✓

Address: 2 Pierce Place 9th Floor, Itasca, IL 60143

Treasurer: Matthew Smolko ✓

Address: 2 Pierce Place 9th Floor, Itasca, IL 60143

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. EVAN HENSCHEL, Secretary

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

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Leo Gardine ✓
Officer/Director: Officer
Officer's Title: VP, Assistant Secretary
Director's Title:
Business Address: 2 Pierce Place 9th Floor
City: Itasca
State: IL
ZIP Code: 60143
- 2 Full Name: Armando Ruiz ✓
Officer/Director: Officer
Officer's Title: VP, Chief Technology Officer
Director's Title:
Business Address: 2 Pierce Place 9th Floor ✓
City: Itasca
State: IL
ZIP Code: 60143
- 3 Full Name: Jaromir Divlak
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 2 Pierce Place 9th Floor
City: Itasca
State: IL
ZIP Code: 60143

TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCERTIFY, 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-SIXTH DAY OF JUNE, A.D. 2019.

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

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

2019 JUN -1 PM 4:15
TALLAHASSEE, FLORIDA



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SR# 20195666239

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203103390

Date: 06-26-19