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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

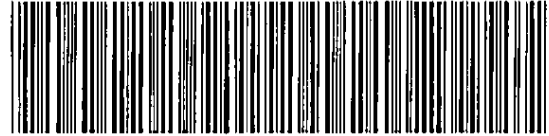
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2019 DEC 13 PM 11:11

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T GLASS

DEC 16 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 078867 8105038

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : December 6, 2019

ORDER TIME : 10:22 AM

ORDER NO. : 078867-030

CUSTOMER NO: 8105038

FOREIGN FILINGS

NAME: PHENOM PEOPLE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

2019 DEC 13 11:11

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Phenom People, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joe Smith

\_\_\_\_\_  
Name of Person

Phenom People, Inc.

\_\_\_\_\_  
Firm/Company

300 Brookside Ave, Bldg 18, Suite 200

\_\_\_\_\_  
Address

Ambler, PA 19002

\_\_\_\_\_  
City/State and Zip code

contracts@phenompeople.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Smith

\_\_\_\_\_  
Name of Person

at ( 888 ) 985-7755

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$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.

1. Phenom People, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "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. 27-3257925  
(FEI number, if applicable)
4. 07/25/2016  
(Date of incorporation)
5. \_\_\_\_\_  
(Date of duration, if other than perpetual)
6. Upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 300 Brookside Ave, Bldg 18, Suite 200, Ambler, PA 19002  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City) (Zip code)

20190213 11:11:11

## 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.*

Corporation Service Company

By: Michele L. Abbott

(Registered agent's signature) Michele L. Abbott, Asst. VP

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Mahe Bayireddi

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 300 Brookside Ave. Bldg 18, Suite 200

☐ President Ambler, PA 19002

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Hari Bayireddy

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 300 Brookside Ave. Bldg 18, Suite 200

☐ President Ambler, PA 19002

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other COO ☐ Other \_\_\_\_\_

☐ Chairman Name: Brad Goldoor

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director De Mouterij, Westerkade 20, 2nd floor,

☐ President 3116 GK, Schiedam, Netherlands

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CPO ☐ Other \_\_\_\_\_

☐ Chairman Name: Joe Smith

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 300 Brookside Ave. Bldg 18, Suite 200

☐ President Ambler, PA 19002

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other VP of Finance ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Joe Smith  
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. Joe Smith  
(Typed or printed name and capacity of person signing application)

**Phenom People, Inc.**

**Attachment**

**Officers:**

Mahe Bayireddi – CEO

Address: 300 Brookside Ave, Bldg 18, Suite 200, Ambler, PA 19002

Hari Bayireddi – COO

Address: 300 Brookside Ave, Bldg 18, Suite 200, Ambler, PA 19002

Brad Goldoor – CPO

Address: De Mouterij, Westerkade 20, 2nd floor, 3116 GK, Schiedam, Netherlands

Joe Smith – VP of Finance

Address: 300 Brookside Ave, Bldg 18, Suite 200, Ambler, PA 19002

2019 OCT 13 PM 11:12

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHENOM PEOPLE, 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 ELEVENTH DAY OF DECEMBER, 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 SAID "PHENOM PEOPLE, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2016.

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

2019 DEC 13 PM 11:12



  
Jeffrey W. Bullock, Secretary of State

6106520 8300

SR# 20198579916

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204193287

Date: 12-11-19