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(Requestor's Name)						
(Address)						
(Address)						
(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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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/29/20

NAME: CONNEXIENT, INC.

TYPE OF FILING: APPLICATION

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



January 30, 2020

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: CONNEXIENT, INC. Ref. Number: W20000009354

We have received your document for CONNEXIENT, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Please Keep original file dute

Yvette Scott Document Specialist II

Letter Number: 120A00002188

Thank you!

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COVER LETTER

	tration Sec ion of Corp					
	Connexien					
SUBJECT:		Name of corpor	ation - mus	t include suffix		
Dear Sir or M	adam:					
"Certificate of	f Existence	on by Foreign Corporatio	l Standing"	and check are sub-	mitted to register the	
Please return Rey Contreras		ondence concerning this r	natter to the	e following:	2020 JAN 25 SECRETAF TALLAHAS	
Connexient, In		Nan	ne of Person	1	PA M	
		Firm	/Company		STATE LORID	
210 W 29th St	, 9th Fl				<i>></i>	
New York, NY	7 1 00 01		Address			
		City/S	tate and Zip	code		
accounting@c	onnexient.c					
		E-mail address: (to be	used for fut	ure annual report r	notification)	
For further in	formation	concerning this matter, pl	ease call:			
Rey Contreras	;	212 at (76	53-6604		
Nam	ne of Person	1 Are	a Code	Daytime Telep	hone 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		
Enclosed is a	check for	the following amount:				
□ \$70.00 Fi	ling Fee	□ \$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & tified 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.	Connexient, Inc.	
	(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
	(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2.	Delaware 3	83-3481489
	(State or country under the law of which it is incorporated) 02/26/2019	PR L T
4.	(Date of incorporation)	(Date of duration, if other that perpetual)
6.	02/26/2019	HO 3 H
7.	(SEE SECTIONS 607.1501 & 607. 210 W 29th St, 9th FI, New York, NY 10001	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
	(Current mail	ling address, if different)
8.	Name and street address of Florida registered agent: (P	.O. Box NOT acceptable)
	Name: Florida Filing & floren	Services Inc.
0	ffice Address: 155 Office Plata [)/
	Name: Florida Filing & Glarch 155 Office Plata E Tallaha (See (City)	, Florida <u>32301</u> (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.

(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. Nam	es and business addresses of officers and/or directors:		
A. DIRI	ECTORS		
Chairman			
Address:	210 W 29th St, 9th Fl		
	New York, NY 10001		
Vice Chai	irman:	·	
Address:			
Director:	Mark Green /		
	210 W 29th St, 9th Fl		
Address:	New York, NY 10001	SEC	2020
Diseases	Joe Motta /	RETAHA	JAN T
Director:	210 W 29th St, 9th Fl	SSEE	29
Address:	New York, NY 10001	, L	3 11
B. OFF	ICEDS	S ATE LORIDA	-
	Joe Motta 🗸	حتر	
President	210 W 29th St, 9th Fl		
Address:	New York, NY 10001		
Vice Pres	sident:		
Address:			
Addices.			
	Paul Diphillips		
	210 W 29th St, 9th FI		
	r:		
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing additional	officers and	or directors.
12	Signature of Director or Officer		
are true	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) aff and that he or she is aware that false information submitted in a document to the legree felony as provided for in s.817.155, F.S.	HIIIS GIGL DIV	c lacis stated herein
	Mark Green, CEO		
	(Typed or printed name and capacity of person signing applicat	ion)	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONNEXIENT, 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-NINTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES-

Authentication: 202281455

Date: 01-29-20