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COVER LETTER

TO: Registration Section Division of Corporations								
SUBIL	ECT:	SHE SOFTW	ARE, INC					
50202			Name of o	orporation	- must	nclude suffix		
Dear Si	r or M	adam:						
"Certifi	cate of	Existence,"	by Foreign Corpo or "Certificate of orporation to trans	Good Stan	ding" ar	nd check are sub		
Please i	return a	all correspond	lence concerning	this matter	to the fo	ollowing:		
	,			Name of	Person			
	_			Firm/Com	pany			
				Addre	ess			
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			E-mail address: (t	o be used f	or future	annual report	notifica	ition)
For furt	her inf	ormation con	cerning this matte	er, please c	ali:			
	Name	of Person	at e	Area Code	_) :	Daytime Telep	hone N	lumber
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					
	ake che	ck payable to:	following amount FLORIDA DEPA \$78.75 Filing For Certificate of S	RTMENT	\$78.75	TE Filing Fee & ed Copy		587.50 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.

(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 222 SOUTH RIVERSIDE PLAZA, 15TH FLOOR, CHICAGO IL 60606 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee Florida (City) (City) (City)	(If name unavai	able in Florida, enter alternate corporate name ad	opted for the purpose of tran	sacting business in Florida)
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 222 SOUTH RIVERSIDE PLAZA, 15TH FLOOR, CHICAGO IL 60606 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) Florida 32301 (Zip code)	Delaware	3.		
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 222 SOUTH RIVERSIDE PLAZA, 15TH FLOOR, CHICAGO IL 60606 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee , Florida (City) (City) (Zip code)	(State or count	ry under the law of which it is incorporated)	(FEI number	, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 222 SOUTH RIVERSIDE PLAZA, 15TH FLOOR, CHICAGO IL 60606 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated 155 Office Plaza Drive, 1st Floor 155 Office Plaza Drive, 1st Floor	13/02/2018	5		
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(City), Florida (Zip code)	ince Address:	Tallahassaa	22201	THE DITT
		(City)	, Florida	
		(City)	(Zip code)	&
Registered agent's acceptance:				
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	iving been nam signated in this	application, I hereby accept the appointmen		
ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	iving been nam signated in this rther agree to c	application, I hereby accept the appointment omply with the provisions of all statutes rela	tive to the proper and con	
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa rther agree to comply with the provisions of all statutes relative to the proper and complete performance of m ad I am familiar with and accept the obligations of my position as registered agent.	aving been nam signated in this rther agree to c	application, I hereby accept the appointment omply with the provisions of all statutes rela	tive to the proper and con	
rther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	aving been nam signated in this rther agree to c	application, I hereby accept the appointment omply with the provisions of all statutes rela	tive to the proper and con	

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			
Chairman	Name: Matthew Elson	□ Chairman	Name: Deborah Anne Andrew
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Prism House 2 Rankine Avenue	Director	Prism House 2 Rankine Avenue
President	East Kilbride, Glasgow	□President	East Kilbride, Glasgow
□Vice President	G75 0QF, UK	□Vice President	G75 0QF, UK
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	CFO ■Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□ Vice President		□Vice President	
Secretary	Treasurer	□Secretary	Treasurer
□ Other	Other	Other	
□Chairman	Name:	□Chairman	Name:
☐ Vice Chairman	Address:		Address:
□Director		□Director	
President		□President	
□Vice President		□Vice President	
Secretary	☐ Treasurer	Secretary	□ Treasurer
Other	□ Other	Other	O(her
	ise an attachment to report more than six (6). The aladded to the index when filing your Florida Department		
12. Debbie Au	drw		· · · · · · · · · · · · · · · · · · ·
	Signature of Director	r or Officer	
	or signing this document (and who is listed in numl se information submitted in a document to the Department to the Depa		
13. Deborah Ann	ne Andrew		

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/7/2020

ENTITY NAME: SHE SOFTWARE, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "SHE SOFTWARE, 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 FIFTH DAY OF MARCH, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHE SOFTWARE,

INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY, A.D.

2018.

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

Authentication: 202520258

Date: 03-05-20