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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2021

CHRIS TSAMUTALIS 101 CEDAR LANE STE 103 TEANECK, NJ 07666

SUBJECT: CAREER DIMENSIONS, INC.

Ref. Number: W21000010582

We have received your document for CAREER DIMENSIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Yvette Scott Document Specialist II

RECEIVED

Letter Number: 221A00002292

COVER LETTER

TO:	Registration Division of C					
SHRJ	ECT:	Career Di	mensions, Inc	2		
ЗОВ		Name of	corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existe		f Good Stan	Authorization to Transac ding" and check are sub ss in Florida.		
Please	return all corre	espondence concerning	this matter	to the following:		
			Chris Tsamu	talis		
			Name of	Person	202 S 5	
			Tsamutalis d	& Company	2021 FEB 17 SEORETAR TALLIAN	
			Firm/Com	pany	35 B	GL77
		10)1 Cedar Lan	e Ste 103		1
			Addre	rss	Sign 3	
		•	Feaneck, NJ	07666	EST ST	
		(City/State ar	nd Zip code	<u> </u>	
			ctalis@talise			
		E-mail address: (to be used f	or future annual report n	otification)	
For fu	rther information	on concerning this mat	ter, please c	all:		
Chris 7	Tsamutalis	at	201	692-1600		
	Name of Per	rson	Area Code	Daytime Telepl	none 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			
Please		for the following amount able to: FLORIDA DEP \$78.75 Filing I Certificate of S	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee Certificate of Stat 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.

2. New Hampshire (State or country under the law of which it is incorporated) (December 27, 1991 (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) 863 Golden Beach Blvd Venice, FL 34285 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: David Minor	(If name unava	er Dimensions FL, Inc.	ionled for the nurroce of transce	Mine hasia as in Planta	
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 863 Golden Beach Blvd Venice, FL 34285 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David Minor	New Hampshii	re , 0	2-0452556	·	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 863 Golden Beach Blvd Venice, FL 34285 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David Minor	December 27,	1001			
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Name: Courrent mailing address, if different Courrent mailing address Cou	863 ((SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liab	oility)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David Minor David Minor		(Principal office	street address)	THER THE PARTY OF	
Name: David Minor David Minor David Minor David Minor		(Current mailing a	ddress, if different)		
0/1 0 11 5			Box <u>NOT</u> acceptable)	3: - STAI 	
nce Address:	fice Address:	863 Golden Beach Blvd	_	in O	
Venice , Florida 34285			, Flonda		
(City) (Zip code)		(City)	(Zip code)		

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 **David Minor** □ Chairman □ Chairman Name: _____ 863 Golden Beach Blvd □Vice Chairman Address: ☐ Vice Chairman Address: Venice, FL 34285 □Director Director President ☐ President □Vice President _____ □Vice President ☐ Secretary ☐Treasurer ☐ Secretary Treasurer Other ____ □Other _____ □Other _____ □Other ____ Chairman Name: □ Chairman Name: □Vice Chairman Address; □Vice Chairman Address: _____ □ Director Director □President □President □ Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary Other ____ □Other ____ □Other Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: ☐Vice Chairman Address: _ ☐ Director Director ☐ President □ President □Vice President ___ ☐Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐Treasurer Other _____ Other ____ □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. 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. **David Minor- President**



State of New Hampshire Department of State

CERTIFICATE

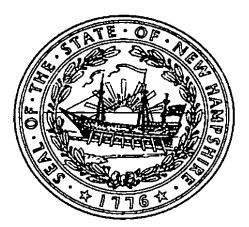
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CAREER DIMENSIONS, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on December 27, 1991. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 166166

Certificate Number: 0005231209

2021 FEB 17 PM 3: 16 SECRETARY OF STATE

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IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of January A.D. 2021.

William M. Gardner Secretary of State