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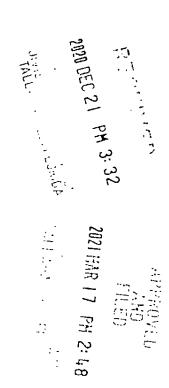
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: YEAR UP PROFESSIONAL RE	ESOURCES	, PBC	
3003		orporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Corpolicate of Existence," or "Certificate of referenced foreign corporation to trans	Good Stand	ding" and check are sub	ct Business in Florida," mitted to register the
Please	return all correspondence concerning	this matter	to the following:	
Brian F	Riordan			
	11	Name of I	Person	-
Registe	ered Agent Solutions, Inc.			
•		Firm/Com	pany	
1701 D	Directors Blvd. Suite 300			
		Addre	SS	
Austin,	TX 78744			
	C	ity/State ar	nd Zip code	
briorda	m@rasi.com			
	E-mail address: (t	o be used fo	or future annual report r	otification)
For fur	ther information concerning this matte	er, please ca	all:	
Brian Riordan at (888 705-7274				
	Name of Person	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 A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Please n	ed is a check for the following amount nake check payable to: FLORIDA DEPA .00 Filing Fee \$78.75 Filing Fo	RTMENT	OF STATE \$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.

ı. Y	'EAR UP PROI	FESSIONAL RESOURCES, PBC			
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
Y	'EAR UP PROI	FESSIONAL RESOURCES PUBLIC BENEF	IT CORPORATION		
(I	f name unavaila	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting b	usiness in Florida)	
2. D	Delaware	3	465026334		
(State or country /6/2014	y under the law of which it is incorporated)	(FEI number, if applic		
4	4 5 5		(Date of duration, if other than	n perpetual)	
6.					
·		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
7. 78	Dawson Villag	ge Way N Ste 140-253 Dawsonville, GA 3053	4		
		(Principal office	ce <u>street</u> address)		
_			, , , , , , , , , , , , , , , , , , ,		
		(Current mailin	g address, if different)		
o xi	and and atron	t address of Florida registered count. (B.C.	Day MOT pagantahla)	2021	
8. N	Name:	1 address of Florida registered agent: (P.O. Registered Agent Solutions, Inc.	. Box <u>NOT</u> acceptable)	2021 MAR 17) Ti
Offic	e Address:	155 Office Plaza Dr. Suite A			
		Tallahassee	, Florida <u>32301</u>	PH 2:	
		(City)	(Zip code)	: 4-	
Havi desig furth	ing been name quated in this ser agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	nent as registered agent and agree to Plative to the proper and complete p	o act in this capac performance of my	city. 1
	_	(Registered agent's si		_	

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.

A. DIRECTORS Name: Michelle Sims Name: Andrew Cousin □ Chairman Chairman Address: _____120 9th Avenue 507 Carriage View Lane ☐ Vice Chairman Address: □ Vice Chairman Huffman, TX 77336 Longmont, CO 80501 □ Director □Director □President □President □ Vice President _____ ☐ Vice President □ Secretary ☐Treasurer □ Secretary ☐Treasurer CEO CEO □Other _____ □Other _____ □Other _____ Name: _____ Name: George Chu □ Chairman ☐ Chairman 287 Columbus Avenue 45 Milk Street ☐ Vice Chairman Address: □Vice Chairman Address: Boston, MA 02116 Boston, MA 02109 **■**Director ■ Director □President □President □ Vice President ☐ Vice President □Treasurer □ Secretary □ 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 □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.

Michelle Sims, Chief Executive Officer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "YEAR UP PROFESSIONAL RESOURCES, PBC"

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 EIGHTEENTH DAY OF DECEMBER,

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 "YEAR UP

PROFESSIONAL RESOURCES, PBC" WAS INCORPORATED ON THE SIXTH DAY OF

MARCH, A.D. 2014.

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

Authentication: 204368598

Date: 12-18-20