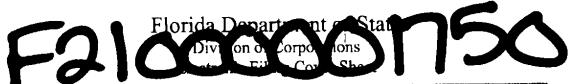
3/29/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

: (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:				
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FOREIGN PROFIT/NONPROFIT CORPORATION

Peoplekeep, Inc.

Certificate of Status	0		
Certified Copy	0		
Page Count	05		
Estimated Charge	\$70.00		

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MAR 30 2021

From: James Tanks III

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

2021-03-29 12:20:29 CST

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. Peoplekeep, 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) (FEI number, if applicable) (State or country under the law of which it is incorporated) 06/26/2015 (Date of duration, if other than perpetual) (Date of incorporation) Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 480 East Winchester St. Murray, UT 84107 (Principal office address) same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: ___, Florida 33324 Plantation (City) 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. C T Corporation System By: (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.

From: James Tanks III

11. Names and business addresses of officers and/or directors:
A. DIRECTORS SEE ATTACHMENT
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
700000
B. OFFICERS SEE ATTACHMENT
President:
Address:
Address:
Vice President:
Address:
D. id Corton
Secretary: David Eastman 100 For Windows St. Murray, LIT 84107
Address: 480 East Winchester St, Murray, UT 84107
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. V. Hh. A. 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. Victoria Hodkins - CEO S/25/202 1 (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

Attachment to Florida Officers & Directors

o: 18506176383 · •

Victoria Hodgkins 1 Full Name:

Officer Officer/Director: Officer's Title: CEO

Director's Title:

480 East Winchester St **Business Address:**

Murray City: UΤ State: 84107 ZIP Code:

David Eastman 2 Full Name: Officer, Director Officer/Director: Secretary Officer's Title: Director Director's Title:

480 East Winchester St Business Address:

Murray City: VT State: 84107 ZIP Code: Eric Morgan 3 Full Name: Director Officer/Director:

Officer's Title:

Director Director's Title:

480 East Winchester St Business Address:

Murray City: UΤ State: 84107 ZIP Code: Dalton Wright 4 Full Name:

Director Officer/Director:

Officer's Title:

Director Director's Title:

480 East Winchester St **Business Address:**

Murray City:

u State: 84107 ZIP Code: Paul Pfizer 5 Full Name: Director Officer/Director:

Officer's Title:

Director Director's Title:

480 East Winchester St Business Address:

Murray City: UT State: 84107 ZIP Code:

W. James Tozer 6 Full Name:

Director Officer/Director:

Officer's Title:

Director Director's Title:

480 East Winchester St Business Address:

Murray City:

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o: 18506176383 · · · ·



Page 1

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

DELAWARE, DO HEREBY CERTIFY "PEOPLEKEEP, 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 MARCH, A.D. 2021.

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

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

e at corp.delaware.gov/au

Authentication: 202842747

Date: 03-29-21