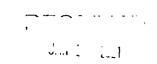
# F21000002805

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu:	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

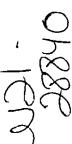


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#### COVER LETTER

j#

P

_	tration Section on of Corporations			•
SUBJECT:	SourceOne Corp.			
ocoder.		orporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corport Existence," or "Certificate of ced foreign corporation to trans	Good Stand	ing" and check are submitte	
Please return	all correspondence concerning	this matter to	o the following:	
Constanta Pop	a			
		Name of Po	erson	
SourceOne Co	rp			
		Firm/Comp	any	
1700 Water Pla	ace, Suite 100			
		Addres	S	
Atlanta GA 30	339			
	(	City/State and	d Zip code	
epopa@source	·			
	E-mail address: (t	o be used fo	r future annual report notifi	ication)
For further in	formation concerning this matt	er, please ca	H:	
Constanta Pop	a at	678	Code Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telephone	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	
	check for the following amounteck payable to: FLORIDA DEPaing Fee	ARTMENT (		\$87.50 Filing Fee,
	Certificate of S		Certified Copy	Certificate of Status & Certified Copy

RECEIVED



March 17, 2021

CONSTANTA POPA 1700 WATER PL STE 100 ATLANTA, GA 30339

SUBJECT: SOURCEONE CORPORATION

Ref. Number: W21000006585

We have received your document for SOURCEONE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 221A00001569

Tracy L Lemieux Regulatory Specialist II

### 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. SourceOne Cor				
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
SourceOne FL (	-			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)	
<sub>2.</sub> ОН	3. 34-1939837 (FEI number, if applicable)			
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)	
November, 200	0 5			
1. November, 2000 5		(Date of duration, if other than perpetual)		
5. 01/01/2021				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
7. 4450 W Eau Gall	ie Blvd, Suite 208			
	(Principal offic	e <u>street</u> address)		
	(Current mailing	address, if different)		
3. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Jennifer Bice			
rvanie.	4450 W Eau Gallie Blvd, Suite 208	_		
Office Address:		<del></del>	mer N	
	Melbourne	Florida 32934 (Zip code)	i in <del>-</del> mili	
	(City)	(Zip code)	A A	
) Registered ago	ent's acceptance:			
	ed as registered agent and to accept service	e of process for the above stated co	orporation at the place	
lesignated in this	application, I hereby accept the appointme	ent as registered agent and agree t	to act ( <u>n</u> ) this c <b>ap</b> acity.	
further agree to co	omply with the provisions of all statutes re- with and accept the obligations of my post	lative to the proper and complete p	performunce of my du	
ina i am jamiliar	with and accept the obligations of my posi-	non us registereu ugent.	94 DA:	
	_ 0	n	, a . <del>-</del>	
	Jennifer X	Bice		
	Jennifer & (Registered agent's sig	nature)		
10. Attached is a	certificate of existence duly authenticated, n		cry of this annlication	
v. remodelled to di	continuate of community and antiques	to don't	, or and approprie	

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 Name: □ Chairman \_\_\_\_\_ □Chairman Name: \_\_\_ Address: ☐ Vice Chairman Address: □ Vice Chairman □ Director □ Director Bee Jee McGinty □President President □ Vice President □Vice President \_\_\_\_\_ ☐ Treasurer Secretary □Treasurer □ Secretary Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ DOther \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ □Chairman □Chairman Address: □ Vice Chairman □Vice Chairman Address: □ Director [] Director □President □President □ Vice President □Vice President □Treasurer □ Secretary □Treasurer □Secretary □Other \_\_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □Chairman Name: □Chairman □Vice Chairman □Vice Chairman Address: Address: □ Director □Director □President □ President □Vice President □ Vice President □ Secretary □Treasurer □ Treasurer **DSecretary** □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. 12. Bee Jee McGinty 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. Constanta Popa, CFO

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SOURCEONE CORP., an Ohio corporation, Charter No. 1191764, having its principal location in Akron, County of Summit, was incorporated on November 14, 2000 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of February, A.D. 2021.

**Ohio Secretary of State** 

Fred John

Validation Number: 202104001988