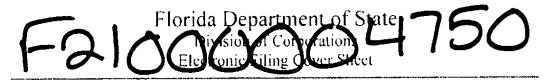
From: Kimberly Laughrey

8/17/2021

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.

(((H210003092693)))



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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 Phone Fax Number : (954)208-0845

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

Fmail	Address:	
~ T	700: 6331	

FOREIGN PROFIT/NONPROFIT CORPORATION CAREER ALLIES, INC.

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

From: Kimberly Laughrey

2021-08-17 10:09:18 CST

DocuSign Envelope ID: 2595434F-0DFE-4B88-8DAD-3133F241AD60

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

	E WITH SECTION 607.1503, FLORIDA S REIGN CORPORATION TO TRANSACT nc.		
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"	
	e Technology, Inc. lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting b 82-2525864	ousiness in Florida)
2. (State or count 05/29/2019	ry under the law of which it is incorporated)	(FEI number, if applie Perpetual	cable)
4(Date	e of incorporation) 5	(Date of duration, if other the	in perpetual)
1281 E Magnolia 7	(SEE SECTIONS 607.1501 & 607. a Street, Ste. D B-19, Fort Collins, CO 80524	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) ipal office address)	
8. Name and stre	(Current mail et address of Florida registered agent: (P	ling address, if different) O. Box NOT acceptable)	2021 A.U.S. I
Name:	C T Corporation System		7 PH
Office Address:	1200 South Pine Island Road		÷.
	Plantation,	, Florida	. 30
	(City)	(Zip code)	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept ser s application, I hereby accept the appoin comply with the provisions of all statutes familiar with and accept the obligations	tment as registered agent and agree relative to the proper and complete	to act in this capacity. A
	C T Corporation Sys		
<u>B</u>	y:	encz, Assistant Secretary	_
	(Registered	d 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: Kimberly Laughrey

DocuSign Envelope ID: 2595434F-0DFE-4B88-8DAD-3133F241AD60

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Jennifer Henderson Chairman:
Chairman: 1281 E. Magnolia Street, Suite D B-19, Fort Collins, CO 80524 Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Jennifer Henderson
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Lunifer Renderson
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
(Typed or printed name and capacity of person signing application)

Page 1

From: Kimberly Laughrey

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

DELAWARE, DO HEREBY CERTIFY "CAREER ALLIES, 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 JULY, 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.

at corn delaware goy/auth

Authentication: 203794484

Date: 07-29-21