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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bı | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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'AUG 30 2021

M. SOLOMON

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: LIVEHIRE US, INC. | |
| Name of corporation | on - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stanbove referenced foreign corporation to transact busing | anding" and check are submitted to register the |
| Please return all correspondence concerning this matt | er to the following: |
| ANGELINE TAN | |
| Name o | of Person |
| SAGENT MANAGEMENT | |
| Firm/Co | ompany |
| 691 S MILPITAS BLVD, SUITE 212 | |
| Add | dress |
| MILPITAS, CA 95035 | |
| City/State | and Zip code |
| SAGENTOPERATIONS@SAGENTMANAGEMENT.C | |
| E-mail address: (to be use | I for future annual report notification) |
| For further information concerning this matter, please | e call: |
| ANGELINE TAN at 6 | 263-1040 |
| Name of Person Area Co |) 263-1040 ode Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | MA LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT STORES STORES Filing Fee & Certificate of Status | NT OF STATE \$\iiiis \text{S78.75 Filing Fee & Gertified Copy} \text{Certified Copy} \text{Certified Copy} \text{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.

| (If name unavailab | le in Florida, enter alternate corporate nam | ne adopted for the purpose of transacting business in Florida | <u>a)</u> | |
|----------------------------|--|--|-------------|--|
| DELAWARE | 3 | 3. 84-2591555 | | |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 07/20/2010 | | 5. | | |
| (Date o | f incorporation) 5 | (Date of duration, if other than perpetual) | | |
| 06/28/2021 | | | | |
| 2020 1 15 117 12 10 12 117 | (SEE SECTIONS 607.1501 & 607. | s in Florida, if prior to registration) .1502, F.S., to determine penalty liability) | | |
| 2000 UNIVERSITY | AVENUE, EAST PALO ALTO, CA, 94. (Principal of | flice street address) | 20: | |
| | (Current mail | ling address, if different) | 2021 AUG 26 | |
| Name and street | address of Florida registered agent: (P | O. Box NOT acceptable) | • | |
| Name: | INCORPORATING SERVICES, LTD. | ". 65 | 6 HW | |
| ffice Address: | 1540 GLENWAY DR | ====================================== | <u> </u> | |
| | TALLAHASSEE, FL 32301 | Florida 32301(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.

DocuSign Envelope ID: F8E3B646-15D6-44AC-B837-2CADB525B934

| A. DIRECTO | | | | | | |
|---|---|---|---|---|-----------------------|--------------|
| □Chairman | Name: CHRISTY FOREST | □Chairman | Name: | | | |
| □Vice Chairman | Address: 2000 UNIVERSITY AVENUE | □Vice Chairman | Address: | | | |
| ■Director | EAST PALO ALTO, CA, 94303 | □Director | | | | _ |
| President | | □President | | | | _ |
| □Vice President | | □ Vice President | · | | | |
| ■ Secretary | □Treasurer | ☐ Secretary | | □Treasurer | | |
| Other | □Other | □Other | | □Other | | |
| □Chairman | BEN BROOKS | □Chairman | Name: | | | |
| □Vice Chairman | 2000 UNIVERSITY AVENUE | | | | | |
| □Director | EAST PALO ALTO, CA, 94303 | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | :- | | - |
| □Secretary | ☐Treasurer | □ Secretary | | Treasurer | 2021 AUG | |
| €Other CFO | | □Other | | □Other · · · · | <u> </u> | |
| | MICHAEL WAYNE RENNIE | 7 | | 77 7175 7177 7177 7177 | 6 A | , |
| □Chairman | Name: | □Chairman | | <u> </u> | ÷ | _ <u>-</u> , |
| □Vice Chairman | Address:EAST PALO ALTO, CA, 94303 | □Vice Chairman | | · | | |
| Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | _ | □ Vice President | | | | _ |
| □Secretary | □Treasurer | Secretary | | ☐ Treasurer | | |
| □Other | | □Other | - | □Other | | — |
| Important Notice; individuals may be | Use an attachment to report more than six (6) The seadded to the index when filing your Florida Depar Livisty Forus | attachment will be image tment of State Annual R | ed for reporting eport form. | purposes only. Non-i | indexed | |
| 12. | | or or Officer | | | | _ |
| she is aware that f s.817.155, F.S. | ector signing this document (and who is listed in nuralse information submitted in a document to the Department (CEO) | nber 11 above) affirms the partment of State constitution | hat the facts stat utes a third degr | ed herein are true an ee felony as provide | d that he d for in | or |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LIVEHIRE US, 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 TWELFTH DAY OF AUGUST, A.D. 2021.

Authentication: 203910692

Date: 08-12-21