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(((H210003337363)))



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AGreer@berndtepa.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION CAREX CONSULTING GROUP, INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORID.1 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

e" "Co.," "Corp	oration: must include "INCORPORATED," "Co," or "Corp.")		
Wisconsin State or country to 10/10/2016 (Date of Upon Qualifica	inder the law of which it is incorporated) 5. fincorporation) tion (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150) ton Ave Suite 975, Madison, Wisconsin 5370	(FEI number, if applicable) Perpetual (Date of duration, if other than perpetual) Florida, if prior to registration) 2, F.S., to determine penalty liability))
Name and stree	(Current mailing address of Florida registered agent: (P.O. Business Filings Incorporated	address, if different) Box NOT acceptable)	-8 PH 4: 35
Office Address:	1200 South Pine Island Road Plantation (City)	, Florida	

Having been named as registered agent and to accept service of process for the above stated corporation at the place 9. Registered agent's acceptance: 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.

> Mark Williams, AVP, Business Filings Incorporated (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H210003337363

A. DIRECTORS		CT ctt-i-non	Name: Mark Bakken			
©Chairman [*]	Name Casey Liakos	Cic min ramo	Address:			
□Vice Chairman	Address:	□Vice Chairman	6720 Frank Lloyd Wright Ave., STE 265			
[XDirector	6720 Frank Lloyd Wright Ave. STE 265	□ Onector	Middleton, Wisconsin 53562			
⊠ P∟esident	Middleton, Wisconsin 53562	□President				
		□Vice President				
	∐Treasurer	□ Sectetary	□Treasue:			
□Secretary	□Other	Other	Other			
□Chai nnan	Name: William Neill	Chairman	Name: Michael Heller Address:			
□Vice Chairma	n Address	□Vice Chairman	6720 Frank Lloyd Wright Ave., STE 265			
X Director	6720 Frank Lloyd Wright Ave. STE 265	⊠Director	Middleton, Wisconsin 5356			
[]President	Middleton, Wisconsin 53562	□ President	2 7			
□Vice Preside:	nt	☐Vice President	1			
⅓ Secretary	☐ Trensurer	□ Secretary	Oxtreasurer ©			
Other	[]Other	Other				
[]Clwimnsn	Name:Rachel Neill	□Chamnan	Name: S			
∐Vice Chaim	man Address:	□ Vice Choirm				
[X _{Director}	6720 Frank Lloyd Wright Ave. STE 265	□Director				
	Middleton, Wisconsin 53562	□President				
President	ient	□Vice Preside	nt			
□Vice Presid	□Treasurer	☐Secretary	Treasurer			
Secretary	□ Other	○Other	□Other			
			with Manaindeved			
individuals n	otice: Use an anachment to report more than six (6). The may be added to the index when filing your Florida Dep Willia Dell Signature of Dire	ctor or Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are the and data to she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						
willi	iam Neill, Secretary	f person signing appli	cation)			
William Neill, Secretary (Typed or printed name and capacity of person signing application)						

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

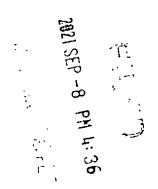
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I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services. Department of Financial Institutions, do hereby certify that

CAREX CONSULTING GROUP, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 10, 2016.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180,1622, 180,1921, 181,1622 or 183,0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 29, 2021.



PATTI EPSTEIN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

305391-D1228206