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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION GEO CPM, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

S. FRANKLIN

MAR 2-4-2022

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. GEO CPM		
	orporation, must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"
(If name unavaila	able in Florida, enter alternate corporate name adop	sted for the purpose of transacting business in Florida)
2. Delaware	y under the law of which it is incorporated)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 3/23/2015	5	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
6.		_
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	
7 4955 Tech	nology Way, Boca Raton, FL 33431	
··-	(Principal office §	
		207
	(Current mailing as	idress, if different)
		100 mg 100 m 100 mg 100 mg 10
8. Name and street	et address of Florida registered agent: (P.O. B	ox NOT acceptable)
Name:	Corporate Creations Network Inc.	P
Office Address:	801 US Highway 1	idress, if different) ox NOT acceptable) 33408
Office ! tade ons.	North Palm Beach	= Florida 33408
	(City)	, Florida <u>33408</u> (Zip code)
	•	
9. Registered ag	ent's acceptance:	of process for the above stated corporation at the place
designated in this	s application. I hereby accept the appointmen	t as registered agent and agree to act in this capacity. T
further agree to o	comply with the provisions of all statutes rela	tive to the proper and complete performance of my duties.
and I am familia	r with and accept the obligations of my positi	णा ५६ १ टहु छाटा ट्रा बहुटाम.
/	s/ Caitlin Lazarus	Caitlin Lazarus, Special Secretary
_	(Registered agent's sign	iture)

^{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.

A. DIRECTORS Name: Name: ∐Chairman □ Chairman Address: ☐ Vice Chairman □Vice Chairman Address: □ Director □Director □ President ☐ President □ Vice President □ Vice President _ ☐ Treasurer Treasurer □ Secretary □ Secretary □Other ______ □Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □ Chairman Chairman Address: _____ ☐ Vice Chairman □ Vice Chairman Address: _____ □ Director Director []President □President □ Vice President ☐ Vice President _ Treasurer □ Secretary □ Treasmer □ Secretary Other ____ □Other ______ □ Other _____ 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 _____ 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. /s/ Caitlin Lazarus 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.

GEO CPM, Inc.

George C. Zoley - President and Director 4955 Technology Way Boca Raton, FL 33431

Brian R. Evans - Vice President, CFO and Director 4955 Technology Way Boca Raton, FL 33431

Joe Negron - Vice President, Secretary and Director 4955 Technology Way Boca Raton, FL 33431

James Black - Vice President, Operations 4955 Technology Way Boca Raton, FL 33431

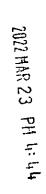
Danny Boyd - Vice President, Health Services, Contracting 4955 Technology Way Boca Raton, FL 33431

Ronald A. Brack - Vice President, Accounting 4955 Technology Way Boca Raton, FL 33431

Beth A. Crews - Vice President, & Assistant Secretary 4955 Technology Way Boca Raton, FL 33431

Lisa Krueger - Vice President, Health Services, Administration 4955 Technology Way Boca Raton, FL 33431

Kent Long - Vice President, Project Development 4955 Technology Way Boca Raton, FL 33431

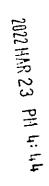


Marcel Maier - Vice President, Tax 4955 Technology Way Boca Raton, FL 33431

Shayn March - Vice President, & Treasurer 4955 Technology Way Boca Raton, FL 33431

Amber Martin - Vice President, Contract Administration 4955 Technology Way Boca Raton, FL 33431

Ann M. Schlarb - Vice President, GEO Care 4955 Technology Way Boca Raton, FL 33431



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GEO CPM, 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-THIRD DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEO CPM, INC."

WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2015.

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

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Authentication: 202985441

Date: 03-23-22