Page: 2 of 5

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| To: | | |
| 10. | Division of Corporations | ် ပ |
| | Fax Number : (850)617-6383 | PHIZ |
| From: | | S. 8 |
| | Account Name : C T CORPORATION SYSTEM | |
| | Account Number : FCA000000023 | 711 |
| | Phone : (954)208-0845 | ι, _ |
| | Fax Number : (614)573-3996 | |

AH II: 24 2022 HAY -3 annual report mailings. Enter only one email address please.

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION **SR Corporate Solutions America Holding Corporation**

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| \$70.00 |
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Corporate Filing Menu

Help

S. ROBERTS MAY 0 3 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.

| | olutions America Holding Corporation | | |
|---------------------|---|---|---|
| | orporation; must include "INCORPORATED; | " "COMPANY," "CORPORATION," | |
| inc., .co., co | orp," "Inc," "Co," or "Corp.") | | |
| | | + 5 <i>F</i> * | |
| | | | |
| (If name unavaila | able in Florida, enter alternate corporate name- | adopted for the purpose of transacting bu | isiness in Florida) |
| 2. Delaware | 3. | 30-0682900 | |
| (State or country | y under the law of which it is incorporated) | (FEI number, if applic | able) |
| 4. 04/05/2011 | 5. | Perpetual | |
| (Date | of incorporation) | (Date of duration, if other than | i perpetual) |
| 6. 01/01/2022 | | | |
| | | n Florida, if prior to registration) | |
| | (SEE SECTIONS 607.1501 & 607.1 | 502, F.S., to determine penalty liability) | |
| 7. 1200 Main Street | , Suite 800, Kansas City, MO 64105 | | |
| | (Princi | pal office address) | |
| same | | | |
| | (Current maili | ng address, if different) | |
| | | | 2021 355 |
| 8. Name and street | et address of Florida registered agent: (P. | O. Box NOT acceptable) | 2022 HAY -3 PM 12: 05 SECULATIONS SELL FU |
| Name: | C T Corporation System | | |
| Name. | C . Co.porturoz System | | ξ. ω Γ |
| Office Address: | 1200 South Pine Island Road | | PP . |
| | Plantetion | Florida 33324 | E. 112 |
| | (City) | (Nip code) | F. 0 |
| | V | • • | , , w |
| 9. Registered ag- | ent's acceptance: | | and the state of the state of |
| Having been nan | ed as registered agent and to accept serv | vice of process for the above stated c | orporation at the place |
| designated in this | application, I hereby accept the appoint comply with the provisions of all stuutes | ment as registered agent and agree i relative to the proper and complete i | performance of my |
| duties, and I am | familiar with and accept the obligations | of my position as registered agent. | |
| | C.T. C | · : | |
| | C T Corporation System | • | |
| _ | By: July 1 | <u> </u> | _ |
| _ | (Registered | l agent's signature) Lisa D. DuBois, As | isist. Sec. |
| | | | |

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: Lexus Wingo

| 11. Names and business addresses of officers and/or direct | Clor | to: |
|--|------|-----|
|--|------|-----|

| A. DIRE | CTORS |
|----------------|---|
| Chairman: | Ivan Gonzale: |
| Address: | 175 King Street |
| <u>-</u> : | Amionk, NY 10504 |
| Vice Chair | man: |
| Address: | |
| _ | |
| Director: | Elizabeth T. McInemey |
| Address: | 175 King Street |
| | Armonk, NY 10504 |
| Director: | Sharon O'Suliivan |
| Address: | 175 King Street |
| | Armonk, NY 10504 |
| B. OFF | ICERS |
| President: | Ivan Gonzalez |
| Address: | 175 King Street |
| | Armonk, NY 10504 |
| Vice Pres | ident: Deryck M. Majone |
| Address: | 1200 Main Street |
| | Kansas City, MO 64105 |
| Secretary | Elissa Kenny Ms |
| Address: | 175 King Street, Armonk, NY 10504 |
| Freasurer | : Katrina Adams Charles |
| Address: | 175 Kink Street, Armonk, NY 10504 |
| | If necessary you may attach an addendum to the application listing additional officers and/or directors. |
| 12 | Signature of Director or Officer |
| are true | cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S. |
| 13. <u>Den</u> | sek Malene, Vice President |
| | (Typed or printed name and capacity of person signing application) |



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

DELAWARE, DO HEREBY CERTIFY "SR CORPORATE SOLUTIONS AMERICA HOLDING

CORPORATION" 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

EIGHTEENTH DAY OF APRIL, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corp.delaware.gov/aut

Authentication: 203203090

Date: 04-18-22