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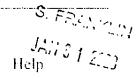
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Division of Cor	rporations
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	: C T CORPORATION SYSTEM
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## FOREIGN PROFIT/NONPROFIT CORPORATION STAFFBASE INC.

Certificate of Status	1 0
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## 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.	STAFFBASE I	NC.			
	(Enter name of e "Inc.," "Co.," "C	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPAN	NY," "CORPORATION,"	
	(If name unavaii	able in Florida, enter alternate corporate name ado	pted for t	he purpose of transacting business	s in Florida)
2.	Delaware				
	3/3/2016	y under the law of which it is incorporated)		(FEI number, if applicable)	
4.		of incorporation)			
6.	(Date	ste of duration, if other than perpe	iual)		
·/·		(Date line transacted husiness in F) (SEE SECTIONS 607.1501 & 607.1502) DTH ST FL 11, NEW YORK, NY - 10001-0083	. F.S., to d	rior to registration) betermine penalty liability)	~
1.		ress)	76.37.		
		(Current mailing a	ddress, if	different)	
8,	Name and street	et address of Florida registered agent: (P.O. E	lox <u>NO</u> T	_acceptable)	-: -:
	Name:	C T Corporation System	<del></del> .		-
O.	ffice Address:	1200 South Pine Island Road	_		
		Plantation	, FL	33324	
		(City)	<del></del> -	(Zip code)	

## 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place 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.

By: Karen Fugelsang, Asst. Secy.

(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 Sceretary 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):

## DocuSign Envelope ID: 0340B194-4B2D-4E7D-A907-D5D6596B0387 A. DIRECTORS

□ Chairman	Name: Lutz Gerlach	1	□ Chairman	Name:				
□Vice Chairman		StNew York, NY	□Vice Chairman	Address.				
Director	10001, USA		Director					
128 President			□President					
□Vice President	ngh maka adaptifik si na propana da		□ Vice President					
□ Secretary	∏Tr	casurer	ШЅестеtату		⊡Treasurer			
Other	= Oi	her	□Other		□Other			
□ Chairman	Name:		☐ Chairman	Name:				
□Vice Chairman	Address:		□Vice Chairman	Address:				
Director	<del>,,</del>	****	ElDirector		<del></del>			
□President			□President		Ē			
□Vice President		Balla Mandala Milana Mana tahun tahun bahan baha	□Vice President		1-			
ПЅостецагу	OTr	casurer	□Secretary		□Treasurer ی			
Other		her	□Other		0			
					<u>:</u> ===			
□ Chairman	Name:		⊒Chairman	Name:	·· 			
□Vice Chairman	Address:		∏Vice Chairman	Address:	- 31-20 ***			
Director			□Director					
□President	ang angahagi baganan ang ang ang ang ang ang ang ang a	* *	∏President		***************************************			
□Vice President			□Vice President		N (1000)			
□Scoretary	Пт	casurer	[]Secretary		□Treasurer			
□Other	Gor	her	□Other	<del></del>	□Otha			
<u>Important Notice:</u> 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.								
12. Luin Gulade	gan an angada ganda an na makan ga makan an ma	an marka an amangga an a ang ang ang ang ang ang ang a						
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 8.817.155. F.S.  President								
(Typed or tripted pure and repacity of negative annihilation)								



Page 1

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

DELAWARE, DO HEREBY CERTIFY "STAFFBASE 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-SEVENTH DAY OF JANUARY, A.D. 2023.

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.

6032180 8300

SR# 20230285682

You may verify this certificate online at corp.delaware.gov/authver.shtml

Setting W. Bulliaco., Secondary of State

Authentication: 202592362

Date: 01-27-23