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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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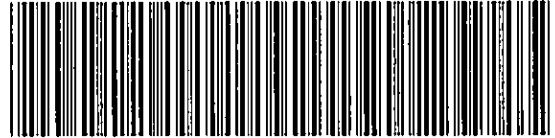
(Business Entity Name)

(Document Number)

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DATE: 03/02/23

NAME: AKKODIS GROUP NORTH AMERICA, INC.

TYPE OF FILING: APPLICATION

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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. AKKODIS GROUP NORTH AMERICA INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 37-1761810
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/17/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 300 E. John Carpenter Freeway, Suite 750, Irving, Texas 75062
(Principal office street address)
4800 Deerwood Campus Parkway, Bldg. 800, Jacksonville, FL 32246
(Current mailing address, if different)

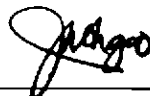
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.



(Registered agent's signature) Judith B. Argao, Asst. Secy.

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]:

A. DIRECTORS

☐ Chairman Name: Mike Small
☐ Vice Chairman Address: 4800 Deerwood Campus Pkwy
☒ Director Bldg 800, Plantation, FL, 33324
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Steven Rudd
☐ Vice Chairman Address: 4800 Deerwood Campus Pkwy
☒ Director Bldg 800, Plantation, FL, 33324
☐ President _____
☒ Vice President of Finance
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

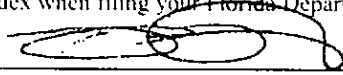
☐ Chairman Name: Gerald Robinson
☐ Vice Chairman Address: 4800 Deerwood Campus Pkwy
☐ Director Bldg 800, Plantation, FL, 33324
☐ President _____
☒ Vice President Tax
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gregory D. Holland
☐ Vice Chairman Address: 4800 Deerwood Campus Pkwy
☐ Director Bldg 800, Plantation, FL, 33324
☐ President _____
☒ Vice President SENIOR VP
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. 
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.

13. Steven Rudd – VP of Finance and Treasurer
(Typed or printed name and capacity of person signing application)

Delaware

The First State


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AKKA GROUP NORTH AMERICA INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AKKODIS GROUP NORTH AMERICA, INC." ON THE SEVENTH DAY OF FEBRUARY, A.D. 2023, AT 3 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AKKODIS GROUP NORTH AMERICA, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JULY, A.D. 2014.




Jeffrey W. Bullock, Secretary of State

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SR# 20230723178

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

Authentication: 202793116
Date: 02-27-23