

F23000002658

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CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 05/04/2023

Acc#I20160000072

mic SW

Name:	HumanAPI Inc.
Document #:	
Order #:	14904829 - 42

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Email Address for Annual Report Notifications:

renee.simonton@relx.com

Availability _____
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Amount: \$ **70.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Humanapi Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Renee Simonton

Name of Person

Firm/Company

1105 N Market St., Ste. 501

Address

Wilmington, DE 19801

City/State and Zip code

renee.simonton@relx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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. Humanapi 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. 38-3903975
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/08/2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/02/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1000 Alderman Dr. Alpharetta, GA 30005
(Principal office street address)
1105 North Market St., Suite 501, Wilmington, DE 19801
(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 FL 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.

C T Corporation System
By: /s/ STEPHEN RULLIS Stephen Rullis, VP & 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 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]:

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TAMPA

A. DIRECTORS

☐ Chairman Name: Renee Simonton

☐ Vice Chairman Address: 1105 North Market St

☒ Director Suite 501

☐ President Wilmington, DE 19801

☒ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Kenneth Thompson

☐ Vice Chairman Address: 9443 Springboro

☒ Director Miamisburg, OH 45342

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: MaryAnn Horgan

☐ Vice Chairman Address: 313 Washington

☐ Director Newton, MA 02458

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Suzanne Perry

☐ Vice Chairman Address: 1105 North Market St.

☐ Director Suite 501

☐ President Wilmington, DE 19801

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Kelsey

☐ Vice Chairman Address: 1000 Alderman Dr

☐ Director Alpharetta, GA 30005

☒ 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. Renee Simonton
BF90E72570C2457 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. Renee Simonton Vice President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMANAPI 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-SIXTH DAY OF APRIL, 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.



5315950 8300

SR# 20231633099

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203216888

Date: 04-26-23