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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)288-0845
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: summer.hunter@employinc.com

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DIVISION OF CORPORATIONS
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FOREIGN PROFIT/NONPROFIT CORPORATION
EMPLOY INC.

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

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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.

Employ, Inc.

1. _____

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 56-2422812

2. _____ 3. _____

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

12/16/2003

4. _____ 5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

20 North Meridian Street, Suite 300 Indianapolis, IN 46204-3028 USA

7. _____

(Principal office street address)

20 North Meridian Street, Suite 300 Indianapolis, IN 46204-3028 USA

(Current mailing address, if different)

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

C T Corporation System

Name:

1200 South Pine Island Road

Office Address:

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: _____

(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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TALLAHASSEE, FL

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A. DIRECTORS

☐ Chairman Name: Peter Lamson
☐ Vice Chairman Address: 20 North Meridian
Street, Suite 300
Indianapolis, IN
☐ Director 46204-3028 USA
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
 CEO
☒ Other _____ ☐ Other _____

☐ Chairman Name: Joe Furnari
☐ Vice Chairman Address: 20 North Meridian
Street, Suite 300
Indianapolis, IN
☐ Director 46204-3028 USA
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
 CFO
☒ Other _____ ☐ Other _____

☐ Chairman Name: Ronald Cano
☐ Vice Chairman Address: 20 North Meridian
Street, Suite 300
Indianapolis, IN
☒ Director 46204-3028 USA
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael Pasquale
☐ Vice Chairman Address: 20 North Meridian
Street, Suite 300
Indianapolis, IN
☒ Director 46204-3028 USA
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sujit Banerjee
☐ Vice Chairman Address: 20 North Meridian
Street, Suite 300
Indianapolis, IN
☒ Director 46204-3028 USA
☐ 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. Joe Furnari
 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.

Joe Furnari - CFO

13. _____
 (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 "EMPLOY, 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 FIRST DAY OF SEPTEMBER, 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.



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.

3740817 8300

SR# 20233409090

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

Authentication: 204088220

Date: 09-01-23