

8/16/24, 4 10 PM

Division of Corporations

F24000004352

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tabbott@prevalent.net

FOREIGN PROFIT/NONPROFIT CORPORATION

Prevalent, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

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Docusign Envelope ID: 41738B5E-21B2-4DDC-A712-0AF87FD74207

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.

Prevalent, Inc.

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

Prevalent Software, Inc

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

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
06/04/2014

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
Upon Filing

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
11811 N. Tatum Blvd., Suite 2400, Phoenix, AZ 85028

7. (Principal office street address)

(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: SEAN L. EMERICK, ASSISTANT SECRETARY

(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]:

DocuSign Envelope ID: 41738B6E-21B2-40DC-A712-0AF87FD74207

A. DIRECTORS

Kevin Hickey

Brian Johnson

☒ Chairman Name: 11811 N. Tatum Blvd.
☐ Vice Chairman Address: Suite 2400
☒ Director Phoenix, AZ 85028
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: 11811 N. Tatum Blvd.
☐ Vice Chairman Address: Suite 2400
☒ Director Phoenix, AZ 85028
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Thomas Krane

James Ray

☐ Chairman Name: 11811 N. Tatum Blvd.
☐ Vice Chairman Address: Suite 2400
☒ Director Phoenix, AZ 85028
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: 11811 N. Tatum Blvd.
☐ Vice Chairman Address: Suite 2400
☒ Director Phoenix, AZ 85028
☐ President
☐ Vice President
☒ Secretary ☒ Treasurer
☐ Other ☐ Other

Mike Triplet

☐ Chairman Name: 11811 N. Tatum Blvd.
☐ Vice Chairman Address: Suite 2400
☒ Director Phoenix, AZ 85028
☐ 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.

James Ray

12. 12/15/2023 10:10:28

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.

James Ray, CFO

13. (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 "PREVALENT, 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 SECOND DAY OF AUGUST, A.D. 2024.

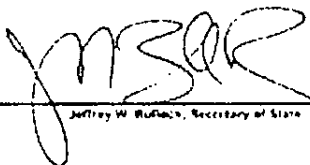
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



5545116 8300

SR# 20243317760

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 204080397

Date: 08-02-24