

F95000000426

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

800001357518
-12/20/94--01016--007
*****70.00 *****70.00

SUBJECT: RISC MANAGEMENT, LLC
(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", 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:

(Name of Person)
RISC MANAGEMENT
(Firm/Company)
163 HIGHLAND AVE.
(Address)
NEEDHAM MA. 02194
(City, State and Zip Code)

HL 1/24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 AM 11:01

Should you need to call someone concerning this matter, please call:

MICHAEL SHIPKIN at (617) 455-6636.
(Name of Person) Area Code & Daytime Telephone Number

W94-26924

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 20, 1994

MICHAEL SHIPKIN
RISC MANAGEMENT, INC.
163 HIGHLAND AVE
NEEDHAM, MA 02194

SUBJECT: RISC MANAGEMENT, INC.
Ref. Number: W94000026924

We have received your document for RISC MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 794A00053690



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 6, 1995

RISC MANAGEMENT, INC.
PO BOX 20821
TAMPA, FL 33622

SUBJECT: RESOURCE INTEGRATION SYSTEMS & COMMUNICATIONS
MANAGEMENT, INC.
Ref. Number: W94000026924

We have received your document for RESOURCE INTEGRATION SYSTEMS & COMMUNICATIONS MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 895A00000573

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned AARON REIBSTEIN, do hereby certify that this Resolution of the Board of Directors of RISC MANAGEMENT, a corporation duly organized and existing under the laws of the State of MASSACHUSETTS, was duly adopted on DEC 23, 19 94.

Resolved, that RISC MANAGEMENT, organized and existing in the State of MASSACHUSETTS, hereby adopts the name RESOURCE INTEGRATION SYSTEMS + COMMUNICATIONS MANAGEMENT, INC. for use in Florida.

Dated: 12/23/94

(A) Aaron Reibstein
Signature of at least one director

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DIVISION OF CORPORATIONS
95 JAN 26 4:11:01

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. RISC MANAGEMENT INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MASSACHUSETTS
(State or country under the law of which it is incorporated)
3. 04-3153370
(FEI number, if applicable)
4. 2/1/92
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. DECEMBER 1974
(Date first transacted business in Florida. (See sections 607.1601, 607.1602, and 817.155, F.S.))
7. 163 HIGHLAND AVE
NEEDHAM, MASS. 02194
(Current mailing address)
8. SELLING COMPUTER HARDWARE & SOFTWARE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: JOSÉ I. ORTIZ-VELEZ
Office Address: 1213 CARLTON ARMS CIRCLE
BRAVANTON, Florida, 34208
(Zip Code)

10. 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.

[Signature]
(Registered agent's signature)

11. 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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 11:01

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: AARON REIBSTEIN
Address: 49 ADDINGTON ROAD
BROOKLINE, MA. 02146

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: AARON REIBSTEIN

Address: 49 ADDINGTON ROAD
BROOKLINE, MA. 02146

Vice President: MARK BARRON

Address: 250 HAMMOND ROAD PKWY, APT 306-N
CHESTNUT HILL, MA. 02167

Secretary: AARON REIBSTEIN

Address: _____

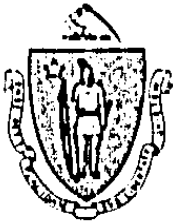
Treasurer: AARON REIBSTEIN

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. AARON REIBSTEIN
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Office of the Secretary of State
State House, Boston 02133

MICHAEL J. CONNOLLY
SECRETARY OF STATE

December 13, 1994

TO WHOM IT MAY CONCERN:

I hereby certify that

Risc Management, Inc.

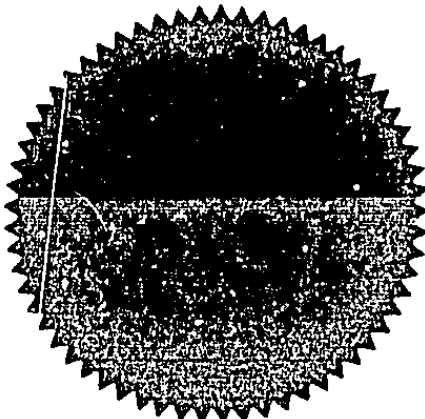
appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on January 7, 1993.

I further certify that so far as appears of record here, said corporation still has a legal existence.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 AM 11:01

IN TESTIMONY of which, I have hereunto

affixed the Great Seal of
the Commonwealth on the
date first above written.



Michael J. Connolly

Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000426

1 Corporation Name
RESOURCE INTEGRATION SYSTEMS & COMMUNICATIONS MANAGEMENT, INC.

Principal Place of Business Mailing Address
163 HIGHLAND AVE 163 HIGHLAND AVE
NEEDHAM MA 02184 NEEDHAM MA 02184



REINSTATEMENT *96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/26/1995
5. FEI Number	04-3153370
<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SR 75. Additional Fee required for a Certificate of Status</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CPT	REIBSTEIN, AARON	49 ADDINGTON RD	BROOKLINE MA 02146
V	BARRON, MARK	250 HAMMOND PON PKWY, APT 306-N	CHESTNUT HILL MA 02167
			800002011648--1 -11/21/96--01097--003 ****375.00 ****375.00

UB11-20-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ORTIZ-VELEZ, JOSE I 1213 CARLTON ARMS CIRCLE BRADENTON FL 34208		Name: AARON REIBSTEIN Street Address (P.O. Box Number is not Acceptable): 14300 CARLSON CIRCLE Suite, Apt. #, Etc.: City: TAMPA State: FL Zip Code: 33626	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 9/18/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* 9/18/96 617-455-6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #