Filing and License Fee: \$310.00 minimum

D.	Number:	<u>-</u>
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### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

### **BUSINESS CORPORATION**

### **APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

COI	rporat	ion hereby ap ving statemer		tificate of Authority	y to transact b	usiness in the Sta	ate of Rhode isla	and, and for that purpose submits
1,	The r	name of the co	orporation is	Prism Response, I	inc.	··		
2.	It is incorporated under the laws of Delaware							
3.	The	name, if differe	ent, which it ele	ects to use in Rhod	te Island is:			
	(a)	"incorporated	d," or "limited,"	ration in its juris or an abbreviatio r use in Rhode Isla	on thereof, the	orporation does in list the name o	not contain the of the corporation	word "comporation," "company," on with the addition of one of the
	(b)	if the corpor qualify and application:	ate name is no transact busin	t avallable in Rhod ass in Rhode Isla	ie Island, then Ind as stated	set forth below the set forth below the set forth below the set of	he fictitious nam Business Name	e under which the corporation will s Statement" to be filed with this
4.	The	date of its inco	orporation is	February 18, 2010	0	_ and the period	of its duration is	perpetual
				in the state or cou	untry under the	laws of which it is	s incorporated is	J
•			ranges			INGTON		
-								
6.	The	address of its	proposed regis	stered office in Rho	ode Island is _	155 South Main S	(Street Add	ress, not P.O. Box)
		P	rovidence	, RI	02903	and the name o	•	egistered agent in Rhode Island at
		(City	y/Town)		(Zip Code)		•	
	that	address is			С	T Corporation Sy	/stem	
		,			(Nam	e of Agent)		
7.	The	purpose or pu	ırposes which i	t proposes to purs	ue in the trans	action of business	s in Rhode Islan	d are:
	_	•	mental	remedia		contrac		
		<i></i>						· · · · · · · · · · · · · · · · · · ·
8.		The names an		ddresses of its dire	ectors (optiona	I unless directors	are required und	der the laws of the state or country
	C	irector	Dulcia Ma	ire	548	Via Genova, Dec	erfield Beach, F	L 33442
		irector						
		irector	<del></del>		<del>_</del>			
		)irector				उ ४५ ॥: मध	2 84 <b>4</b> 0102	
	orm No evised	o. 150 ; 12/05	F	LED		Via Smilla		
			APR 2	2.2 2010 2 5 11:4		CIMIS.	93 <b>Я</b>	<i>z</i>

		atate or country	y of which it is ind	Vame		Address		
	Pr	esident	Dulcia Maire	<del>Tanto</del>	548 Via Genova, Deerfield Beach, FL 33442			
	Vice President							
		easurer						
	Se	ecretary			•			
			vithin a class, is:		issue, itemized by classes, Series	par value of shares, shares without par value,  Par Value or Statement that  Shares are without Par Value		
	10,					\$0.01		
10. (	(a)	An estimate o	of the value of	all property to be o	wned by the corporation f	for the following year, wherever located, is		
ı	(b)		of the value of		perty to be located within	Rhode Island during the following year is		
	(c)	Joseph A within 1	thie etate during	the following year be:	ars to the value of all Drobell	value of the property of the corporation to be ty of the corporation to be owned during the multiply by 100 to obtain the percentage].		
11.	(a)	An estimate o	of the gross an	ount of business to	be transacted by the co	orporation during the following year is		
		island during t	he following year	ris \$ 25,000	<del></del> ',	ation at or from places of business in Rhode		
	(c)		or from places o by the corporation	f bucinage in this sta	te during the following vest i	amount of business to be transacted by the bears to the gross amount thereof which will divide (b) by (a) and multiply by 100 to obtain		
		s application is which it is incorp		a certificate of Good	Standing issued by the prop	er officer of the state or country under the laws		
13. <sup>-</sup>	This tha	s Application for n the 90 <sup>th</sup> day a	Certificate of Author the date of the	uthority shall be effect his filing	tive upon filing unless a spe	cified date is provided which shall be no later		
					Under penalty of per	rjury, I declare and affirm that I have ition for Certificate of Authority, including		
					any accompanying	attachments, and that all statements		
					contained herein are tr	ue and correct.		
Dat	te.	4/21/2010			Wul	ciallare		
Jai				<del>, , , , , , , , , , , , , , , , , , , </del>	Signature of A	authorized Officer of the Corporation		
					Dulcia Maire   Presi	dent		
					Type or Pr	int Name of Authorized Officer		

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRISM RESPONSE, 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 EIGHTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRISM RESPONSE, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2010.

4790295 8300

100255060

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

AUTHENTYCATION: 7853859

DATE: 03-08-10



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

