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Division of Corporations

**Florida Department of State
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Fax Number : (850) 617-6381

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

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

Email Address: Shari.Stoutenburg@unisearch.com

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
Sensory, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	03
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FAX

Date: 03/10/2014 03:32:18 PM -0400

Pages: 4

Subject:

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Email: mstops@incserv.com

Comments:

Melissa A. Stops
Sr. Client Services Representative
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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.

1. Sensory, Inc.

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

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

2. California

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

3. 94-3194276

(FEI number, if applicable)

4. 1/18/1994

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. May 1, 2012

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

(Principal office address)

4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

(Current mailing address)

8. Design and license software

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(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.

Shari Stoutenburg, Asst Sec.

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

A. DIRECTORS

Chairman: Todd F. Mozer
Address: 4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

Vice Chairman: Forest Mozer
Address: 4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

Director: Gary Kovacs
Address: 4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

Director: James Gilbreath
Address: 4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

B. OFFICERS

President: Todd F. Mozer
Address: 4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

Vice President: _____
Address: _____

Secretary: Todd F. Mozer
Address: 4701 Patrick Henry Drive, Building 7, Santa Clara, CA 95054

Treasurer: _____
Address: _____

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

13. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Todd F. Mozer, President
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SENSORY, INC.

FILE NUMBER: C1879843
FORMATION DATE: 01/18/1994
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE FLORIDA

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I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of March 05, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

ABW