

F17000000302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

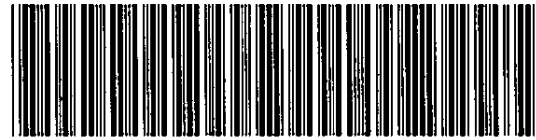
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

BUGCROWD INC.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:

TIFFANIE RYAN

Name of Person
GREENOUGH GROUP

Firm/Company
1350 BAYSHORE HWY, STE 920

Address
BURLINGAME, CA 94010

City/State and Zip code
tryan@greenoughgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANIE RYAN 650 290-1261

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

BUGCROWD INC.

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

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

2. DE _____ 3. N/A _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/04/2013 _____ 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 921 FRONT STREET, STE 100, SAN FRANCISCO, CA 94111 _____
 (Principal office address)

 (Current mailing address, if different)

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

Name: Business Filings Incorporated _____
 Office Address: 1200 South Pine Island Road _____
 Plantation _____, Florida 33324 _____
 (City) (Zip code)

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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.

Mary Jo Spalinger, Asst. Sec. for Business Filings
 (Registered agent's signature) Incorporated

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: NICHOLAS TELFORD

Address: 155 MT. KENNEDY DR

MARTINEZ CA 94553

Director: _____

Address: _____

B. OFFICERS

President: CASEY ELLIS

Address: 241 LAFAYETTE CIR, APT # 16

LAFAYETTE, CA 94549

Vice President: _____

Address: _____

Secretary: CASEY ELLIS

Address: 241 LAFAYETTE CIR, APT # 16, LAFAYETTE, CA 94549

Treasurer: NICHOLAS TELFORD

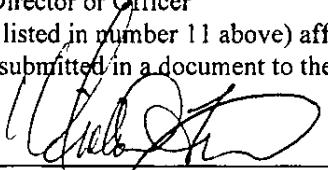
Address: 155 MT. KENNEDY DR, MARTINEZ CA 94553

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

12. _____

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.

13. NICHOLAS TELFORD, DIRECTOR 

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUGCROWD 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 THIRD DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUGCROWD INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2013.

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

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JEFFREY W. BULLOCK, SECRETARY OF STATE
DELAWARE



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SR# 20166489485

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203277804

Date: 11-03-16