# F2100005830

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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0CT 1 4 **2021** K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 029062 7513529							
AUTHORIZATION Smelledens							
COST LIMIT : 5.70.00							
ORDER DATE : September 23, 2021							
ORDER TIME : 10:33 AM							
ORDER NO. : 029062-005							
CUSTOMER NO: 7513529							
FOREIGN FILINGS							
NAME: TOBII TECHNOLOGY INC.							
XXXX QUALIFICATION (TYPE: CO)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING							

EXAMINER: \_\_\_\_\_

CONTACT PERSON: Eyliena Baker -- EXT#

#### **COVER LETTER**

	stration Section ion of Corporations							
SUBJECT:	Tobii Technology Inc							
Name of corporation - must include suffix								
Dear Sir or M	fadam:							
"Certificate of		of Good Stanc	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.					
Please return	all correspondence concern	ing this matter	to the following:					
Anna Korban								
		Name of I	Person					
Tobii Technol	ogy Inc							
		Firm/Com	oany					
12007 Sunrise	Valley Dr, Suite 400							
		Addre	ss					
Reston, VA, 2	20191							
		City/State an	d Zip code					
Reston,Finance	-							
	E-mail addres	s: (to be used fo	or future annual report notification)					
For further in	formation concerning this r	natter, please ca	ali:					
Anna Korban at ()			(571) 527 6275					
Nan	e of Person	Area Code	Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
	check for the following am acck payable to: FLORIDA D ing Fee	EPARTMENT 1g Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)			
V۸	3	3. 20 377 9947 (FEI number, if applicable)			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
10/31/2005	5	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	9/23	2021			
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
12007 Sunrise Ve	alley Drive, Suite 400 Reston, VA 20191				
		ffice street address)			
	(Current mail	ling address, if different)			
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)			
Name:	Corporation Service Company				
Office Address:	1201 Hays Street	NO. Box NOT acceptable)			
	Tallahassee	Florida 32301			
	(City)	, Florida 32301 (Zip code)			

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]:

A. DIRECTORS					
□Chairman	Joanna Parker Name:		□Chairman	Name:	
□Vice Chairman	Address: 15690 DOOD GIESTER	Q	□Vice Chairman	Address:	
□Director	LEESBURG , Vx 20176		Director		
□President	<u> </u>		□President		
Vice President			□Vice President		
Secretary	□Treasurer		Secretary		C)Treasurer
Other	□Other		Other	<u></u>	Other
□ Chairman	Name:		□Chairman	Name:	
□Vice Chairman	Address:		□Vice Chairman	Address:	
□Director			□Director		
□President			□President		
□Vice President			□Vice President		
☐ Secretary	☐Treasurer		☐Secretary		C) Treasurer
Other	Other		Other		Other
□Chairman	Name:		□ Chairman	Name:	
□Vice Chairman	Address:		□Vice Chainnan	Address:	
□Director			□Director		
□President			□President		
□Vice President			□ Vice President		
□Secretary	□Treasurer		☐Secretary		□Treasurer
Other	Other		□Other		□Other
Important Notice; Undividuals may be	Jsc an attachment to report more than six (6). The added to the index when filing your Florida Dep	ærtmer	hment will be image at of State Annual Re	port form.	
	Signature of Dire	ctor or	Officer		
The officer or direct she is aware that fa s.817.155, F.S.	stor signing this document (and who is listed in a list information submitted in a document to the I	umber Separtn	11 above) affirms the nent of State constitu	at the facts stated tes a third degree	herein are true and that he or felony as provided for in
13. Joanna Park	er				

## Commonwealth of Hirginia



### State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Tobii Technology, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 31, 2005;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 24, 2021

Bernard J. Logan, Clerk of the Commission