

F0000000 05330

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

NuService Corporation

700003402077--9

-09/25/00--01022--011

*****70.00 *****70.00

☒ Profit

☐ NonProfit

☒ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

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☐ After 4:30

☐ Walk In

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☐ Pick Up

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Examiner

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THANKS.

LAURA EARNEST

00 SEP 25 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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00 SEP 25 PM 9:16

RECEIVED

9/22

W/E 9/25

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: NuService Corporation

(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:

Peter C. Olson

(Name of Person)

nuServe

(Firm/Company)

1545 Eddy Street #404

(Address)

San Francisco, CA 94115

(City/State/Zip)

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

Peter C. Olson

(Name of Person)

at (415) 760-0605

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien 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.*

1. NuService Corporation
(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. Delaware 3. 77-0527359
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/26/1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 346 Taraval, San Francisco, CA 94116
(Current mailing address)

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8. businesses.
(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 or Mail Drop Box **NOT** acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(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.

By: Kim Gilberston
(Registered agent's signature)

Kim Gilberston
Asst. Secy

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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)
- FL019 - C T Filing Manager Online

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) *SEE ATTACHMENT*

Chairman: T. Peter Thomas

Address: 3000 Sand Hill Road, Bldg. 2, Suite 290
Menlo Park, CA 94025

Vice Chairman: James Mullarney

Address: 346 Taraval
San Francisco, CA 94116

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: James Mullarney

Address: 346 Taraval
San Francisco, CA 94116

Vice President: _____

Address: _____

Secretary: Rol Williams

Address: 650 Page Mill Road
Palo Alto, CA 94304

Treasurer: _____

Address: _____

SEE ATTACHMENT

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

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

14. James Mullarney, President

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

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida

Officers & Directors

- | | | |
|----|-------------------|---|
| 1. | Full Name: | Kai Tamara Hare |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | CEO |
| | Business Address: | 346 Taraval |
| | City: | San Francisco |
| | State: | CA |
| | ZIP Code: | 94116 |
| 2. | Full Name: | James Mullarney |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Business Address: | 346 Taraval |
| | City: | San Francisco |
| | State: | CA |
| | ZIP Code: | 94116 |
| 3. | Full Name: | Rol Williams |
| | Officer/Director: | Officer |
| | Officer's Title: | Secretary |
| | Business Address: | 650 Page Mill Road |
| | City: | Palo Alto |
| | State: | CA |
| | ZIP Code: | 94304 |
| 4. | Full Name: | T. Peter Thomas |
| | Officer/Director: | Director |
| | Director's Title: | Chairman |
| | Business Address: | 3000 Sand Hill Road, Bldg. 2, Suite 290 |
| | City: | Menlo Park |
| | State: | CA |
| | ZIP Code: | 94025 |
| 5. | Full Name: | Peter Liu |
| | Officer/Director: | Director |
| | Business Address: | 50 California Street, Suite 2920 |
| | City: | San Francisco |
| | State: | CA |
| | ZIP Code: | 94111 |
| 6. | Full Name: | John Chen |
| | Officer/Director: | Director |
| | Business Address: | 6475 Christie Avenue |
| | City: | Emeryville |
| | State: | CA |
| | ZIP Code: | 94608 |

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00 SEP 25 AM 11:03
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TALLAHASSEE, FLORIDA

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUSERVICE CORPORATION" 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


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

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30 SEP 25 AM 11:03
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TALLAHASSEE, FLORIDA



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Edward J. Freel, Secretary of State

AUTHENTICATION: 0679289

DATE: 09-18-00