

FOI 000000000000 1222

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELOQUENT SYSTEMS, INC

(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:

SCOTT D. ZACHARY

(Name of Person)

ELOQUENT SYSTEMS, INC.

(Firm/Company)

500003795685--6

03/02/01--01046--002

\$87.50 *\$87.50

820 BARNES BLVD.

(Address)

ROCKLEDGE, FL 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT D. ZACHARY

(Name of Person)

at (321) 433-1653

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

4/12
3/5

**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. ELOQUENT SYSTEMS, INC

(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. ARKANSAS

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

3. 71-0769624

(FEI number, if applicable)

4. FEBRUARY 3, 1995

(Date of Incorporation)

5. PERPETUAL

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

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 820 BARNES BLVD. ROCKLEDGE, FL 32955

(Principal office address)

820 BARNES BLVD. ROCKLEDGE, FL 32955

(Current mailing address)

8. COMPUTER PROGRAMMING

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

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

Name: SCOTT D. ZACHARY

Office Address: 820 BARNES BLVD.

ROCKLEDGE, FL, Florida 32955

(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.



(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: SCOTT D. ZACHARY

Address: 820 BARNES BLVD.

ROCKLEDGE, FL 32955

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SCOTT D. ZACHARY

Address: 820 BARNES BLVD.

ROCKLEDGE, FL 32955

Vice President:

Address:

Secretary: SCOTT D. ZACHARY

Address: 820 BARNES BLVD.

ROCKLEDGE, FL 32955

Treasurer: SCOTT D. ZACHARY

Address: 820 BARNES BLVD.

ROCKLEDGE, FL 32955

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

13.

Scott D. Zachary

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

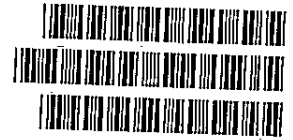
14. SCOTT D. ZACHARY

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



Sharon Priest
SECRETARY OF STATE

State of Arkansas SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF A DOMESTIC CORPORATION

I, Sharon Priest, Secretary of State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

ELOQUENT SYSTEMS, INC.

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation February 3, 1995.

I further certify that as far as the records show, this corporation is at this time chartered and in good standing, having met all the requirements governing a domestic corporation in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal. Done at my office in the City of Little Rock, Arkansas this 9th day of February 2001.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sharon Priest

Sharon Priest, Secretary of State

by:

David Morrow

D E Morrow

C-2/Rev 10-1-88