# F05000001308

(Requ	uestor's Name)	
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FILED 2005 FEB 28 PM 2: 47 SECREVISEE FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Moreover Techno	ologies, Inc.
(Name of corp	poration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this r	matter to the following:
Sherry Koyama	
Sherry Koyama	me of Person)
Moreover Technolo	arus, Inc.
(Fir	m/Qompany)
_ 330 Pine Street	-
San Pine Street San Francisco	(Address) 94104
(City/s	State and Zip code)
For further information concerning this matter, ple	ease call:
Sherry Koyama at (A (Name of Person) (A	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
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, 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. (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) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: Office Address: 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.

- 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 business addresses of officers and/or directors:

## A. DIRECTORS Chairman: Address: Vice Chairman: Address: \_\_\_\_\_ Director: Address: Director: Address: \_\_\_\_\_ **B. OFFICERS** President: Jim San Francisco, Cr CFO Vice President: Nall CTO Treasurer: \_ Address: \_\_\_ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 13. \_\_\_ Signature of Director or Officer listed in number 12 of the application) Jim Pitkow - President & CEO 14. (Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOREOVER TECHNOLOGIES, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2005.

SECRETARY OF STATE



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3680827

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DATE, 02 11-05