F1888881515

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/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



400181316034

05/28/10--01016--008 **70.00

2010 HAY 28 P 2: 1





COVER LETTER

TO: New Filing Section	
Division of Corporations	
SUBJECT: CYBAGE SOFTWARE INC	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	nding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
NIGAM SHAH	
Name of	f Person
CYBAGE SOFTWARE INC	
Firm/Col	mpany
2639 151ST PL NE	
Add	ress
REDMOND WA 98052	
City/State	and Zip code
NGAMASHAH@COMCAST.NET	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
NIGAM SHAH at (425	y 891-5145
	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee. FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☑ \$70.00 Filing Fee & Certificate of Status	S78.75 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.

L CYBAGE SOF	FTWARE INC		
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED." "COMPANY." "CORPORATION	[,"
(If name unavail	lable in Florida, enter alternate corporate na	me adopted for the purpose of transacting	g business in Florida)
2. WASHINGTO	N STATE	3. 20-0763296	
	under the law of which it is incorporated)	(FEI number, if appl	icable)
4. 02/23/2004		5. PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
6. APRIL 1, 2010			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability	y)
7, 2639 151ST P	L NE REDMOND, WA 98052		
	(Principal office a	address)	
2639 151ST P	L NE REDMOND, WA 98052		
	(Current mailing a	address)	
######################################			
g. TECHNICAL C	ONSULTING s) of corporation authorized in home state or	r country to be carried out in state of Flor	
9. Name and stree	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	
Name:	NRAI SERVICES INC		
Office Address:	2731 Executive Park Drive Suite 4	-	28
	WESTON	, Florida 33331	The Total
	(City)	(Zip code)	2 2
0. Registered as	gent's acceptance:		
	ed as registered agent and to accept se	rvice of process for the above stated	corporation at the place
designated in this	application, I hereby accept the appoir omply with the provisions of all statutes	ntment as registered agent and agree	to act in this capacity. I
	with and accept the obligations of my		perjormance oj my auties
1	NRAI Services, Inc.		
<u> </u>	M_{1}	latt Thompson, Assistant Secret	ary
	(Registered agent's signatur	ne)	

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:	10 Sold 10	
A. DIRECTORS		
Chairman: DEEPAK NATHANI	10	
2620 161ST DI NE DEDMOND WA DROSS		
Vice Chairman: ARUN NATHANI		
Address: 2639 151ST PL NE REDMOND, WA 98052		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:		
Address:		
Vice President:		
Address:		
Secretary:		
Address: Treasurer: CHIRAG BINDAL		
Address: 2639 151ST PL NE REDMOND, WA 98052		
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or directors.	
(Signature of Director or Officer listed in number 1	2 of the application)	
14 CHIRAG BINDAL		

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



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF CYBAGE SOFTWARE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 2/23/2004.

I FURTHER CERTIFY that as of the date of this certificate, CYBAGE SOFTWARE, INC. remains active and has complied with the filing requirements of this office.

Date: April 8, 2010

UBI: 602-368-749

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



KEEKE-

Killing.