

F10000003353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

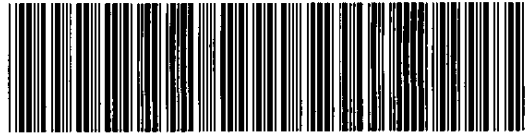
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900183085789

07/19/10--01057--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 27 P 3:52

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July 12, 2010

Tina Roberts
Regulatory Specialist II
Florida Department of State
PO Box 6327
Tallahassee, FL 323314

SUBJECT: Sypherlink, Inc. new entity

Tina,

I received our returned documents from you regarding our company filing. Enclosed you will find the necessary documents to withdraw Sypherlink, Inc. Ref. number F06000006104 and also the supporting documents regarding Sypherlink, Inc. as a new entity dated December 1, 2009. "Old Sypherlink" with Tax ID 31-1804297 is now SYBAST, see enclosure for details. This is the form for withdrawal.

Enclosed you will also find the form, documentation and check required to open a new corporation account with the State of Florida. You will find the Certificate of Amendment changing the name to SYBAST, Inc. as well as the SS-4 Form, application for new Tax ID and also the Certificate of Incorporation with the state of Delaware showing we are a new entity.

was returned to them not needed for new filing

Please use the check already on file with check number 1109 in the amount of \$43.75 for the filing fee and certificate of status.

I called your office and this is how I was instructed to close the original account and open a new one for our new entity. Once you have withdrawn the above reference number please deliver the application for the new entity certification with the State of Florida to the correct department.

Sincerely,

Sharon Chafin

Sharon Chafin
Sypherlink, Inc.,
Office Manager
614-652-6875

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sypherlink, 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," or "Certificate of Good Standing" 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:

Sharon Chafin

Name of Person

Sypherlink, Inc.

Firm/Company

6500 Emerald Pkwy, Ste 175

Address

Dublin, OH 43016

City/State and Zip code

schafin@sypherlink.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Chafin

at (614)

652-6875

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2010

SHARON CHAFIN
SYPHERINK, INC.
6500 EMERALD PKWY., K STE 175
DUBLIN, OH 43016

SUBJECT: SYPHERLINK, INC.
Ref. Number: W10000034024

We have received your document for SYPHERLINK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 310A00017602

**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. Sypherlink, Inc.
(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)
2. DE 3. 90-0529206
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 12/1/2009 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6500 Emerald Pkwy Ste 175
(Principal office address)

Dublin, OH 43016
(Current mailing address)
8. Software Services
(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 NOT acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company
Julia Chavez Ast. Sec.
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Suresh Katta

Address: 900 E. Hamilton Ave. Ste 120
Campbell, CA 95008

Vice Chairman: _____

Address: _____

Director: James Paat

Address: 6500 Emerald Pkwy, Ste 175
Dublin, OH 43016

Director: _____

Address: _____

B. OFFICERS

President: James Paat

Address: 6500 Emerald Pkwy, Ste 175
Dublin, OH 43016

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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)

14. James Paat, President

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

Delaware

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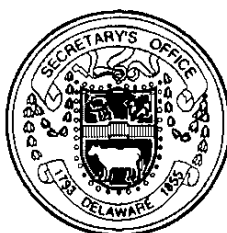
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYIPHERLINK, 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 FOURTEENTH DAY OF JULY, A.D. 2010.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4760719 8300

100741553

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8113232

DATE: 07-14-10