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ADVANCED INC SERVICE

PAGE 01

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ADVANCED INCORPORATING SERVICE, INC.
Account Number : I20080000093
Phone : (850)222-2677
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FOREIGN PROFIT/NONPROFIT CORPORATION
Cliclogix Americas Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ADVANCED INC SERVICE

PAGE 02

06/21/2011 09:10:43 AM PAGE 1/001 FAX SERVER



June 21, 2011

FLORIDA DEPARTMENT OF STATE

ADVANCED INCORPORATING SERVICE, INC. Division of Corporations

SUBJECT: CLICLOGIX AMERICAS INC.
REF: W11000033261

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Pamela Smith
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000162990
Letter Number: 111A00014963

**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. Cliclogix Americas Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 45-2476421
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 24, 2011 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual").

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 304 Indian Trace #430, Weston, FL 33326
(Principal office address)
- 304 Indian Trace #430, Weston, FL 33326
(Current mailing address)

8. Software sales and 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: Capitol Corporate Services, Inc.

Office Address: 155 Office Plz. Dr. Ste A

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.



_____, Asst. Secretary

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORSChairman: Oscar CoenAddress: 304 Indian Trace #430, Weston, FL 33326

Vice Chairman: _____

Address: _____

Director: Rafael BonnellyAddress: 304 Indian Trace #430, Weston, FL 33326

Director: _____

Address: _____

B. OFFICERSPresident: Rafael BonnellyAddress: 304 Indian Trace #430, Weston, FL 33326Vice President: Oscar CoenAddress: 304 Indian Trace #430, Weston, FL 33326Secretary: Mark CasillasAddress: 8 Bartel Court, Tiburon, CA 94920Treasurer: Oscar CoenAddress: 304 Indian Trace #430, Weston, FL 33326

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Mark Casillas, General Counsel & Secretary

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

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TALLAHASSEE, FLORIDA

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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLICLOGIX AMERICAS 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 SEVENTEENTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLICLOGIX AMERICAS INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA

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at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8843279

DATE: 06-17-11