# F12000003366

(Re	equestor's Name)	
(Ad	ldress)	
(Äd	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	· WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status

Special Instructions to Filing Officer:

CONDECTED # 1 (CORP. NAME)

AND # 4 (DATE OF INC.)

TO MATCH DELAWARE

CERTIFICATE.

Office Use Only

W12-32331



400236218384

06/13/12--01013--012 \*\*78.75

12 AUG 13 PH 5: IT

T 08/14/12



RECEIVED 12 AUG 13 PM 3: 13

### FLORIDA DEPARTMENT OF STATE OF STATE Division of Corporations

July 3, 2012

GABRIELLE GOEMAAT \*\*\* 2ND REJECTION \*\*\* 8610 HIDDEN RIVER PARKWAY TAMPA, FL 33637

SUBJECT: MIZE SOFTWARE, INC

Ref. Number: W12000032331

We have received your document for MIZE SOFTWARE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The included "screen-print" from the Delaware Division of Corporations is not sufficient.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 112A00016695



RECEIVED 12 JUL -2 AMIO: 45

FLORIDA DEPARTMENT OF STATE

Division of Corporations

June 14, 2012

GABRIELLE GOEMAAT 8610 HIDDEN RIVER PARKWAY TAMPA, FL 33637

SUBJECT: MIZE, INC

Ref. Number: W12000032331

We have received your document for MIZE, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P11000009093 (MIZE INC.).

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 112A00016695

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: mize, Inc	
	orporation - must include suffix
Dear Sir or Madam:	
	ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the act business in Florida.
Please return all correspondence concerning to	his matter to the following:
Gabrielle Goemaat	
	Name of Person
mize, Inc	
	Firm/Company
8610 Hidden River Parkway	
	Address
Tampa, FL33637	
Ci	ty/State and Zip code
gabriellegoemaat@m-ize.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Gabrielle Goemaat at (	563 340-2882
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 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee \$78.75 Filing Fee Certificate of St	

#### 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. mize, Inc							
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			_	
mize Software,	Inc.						
(If name unavai	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting bu	siness in I	Florida	<u>ı)</u>	
2. Delaware			3 45-4900410				
	under the law of which it is incorporated)		(FEI number, if applicab	le)		<del></del>	
4. March 23, 2012		5.	5. perpetual				
(Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")				
6. June 1, 2012						_	
			n Florida, if prior to registration) 602, F.S., to determine penalty liability)			_	
7. 8610 Hidden Riv	ver Parkway, Suite 200, Tampa, FL 33637						
	(Principal office	add	ress)			_	
8610 Hidden Riv	er Parkway, Suite 200, Tampa, FL 33637						
	(Current mailing	add	ress)			_	
software develop	pment, distribution & services						
(Purpose(s	s) of corporation authorized in home state o	r co	untry to be carried out in state of Florida	)			
. Name and stree	et address of Florida registered agent: (	P.O	. Box NOT acceptable)	<b></b>			
Name:	C T Corporation System				12		
Office Address:	1200 South Pine Island Road					ETOT MAKEUR	
	Plantation		Elevide 33324	(6) ( 65 f 173 m²	ت	-	
	(City)		, Florida (Zip code)		PH U		
	gent's acceptance:			콘감			
lesignated in this further agree to co	ed as registered agent and to accept se application, I hereby accept the appoint omply with the provisions of all statute with and accept the obligations of my C T Corporation System	ntni is re	ent as registered agent and agree to lative to the proper and complete perition as registered agent.	act in thi rformanc	is capa e of n	acity. I	
Ву:	(Registered agent's signa)		Madonna Cu Special Assistant	ddity Secret	arv		
	(ivegiatered agent a signal	٠٠,					

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.

21.010 - 03/01/2011 C T System Onl

### 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: \_ Address: \_\_ Address: **B. OFFICERS** President: Ashok Kartham Address: 5405 20th Ave Ct Moline, IL 61244 Vice President: Secretary: \_ Address: \_ Treasurer: \_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Ashok Kartham, CEO

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

## Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIZE, 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 SECOND DAY OF AUGUST, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIZE, INC" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2012.

5129551 8300

120898032

DATE: 08-02-12 You may verify this certificate online at corp.delaware.gov/authvor.shtml

jeffrey W. Bullock, Secretary of State TION: 9752905