

Division of Corporations

F/200000446

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (950) 521-0821
Fax Number : (850) 558-1515

RESUBMIT
Please give original
submission date as file date.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED OCT 29 2012

FOREIGN PROFIT/NONPROFIT CORPORATION
ASPERA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04X05
Estimated Charge	\$70.00

10/30/12

12 OCT 24 AM 9:14
TALLAHASSEE, FLORIDA

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850-617-6381

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October 29, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: ASPERA, INC.
REF: W12000055082

RESUBMIT
Please give original
submission date to file date.

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.

You failed to make the correction(s) requested in our previous letter.

The complete document was not received. Page 2 is missing that contains the names and addresses of the officers/directors and the required signature of the officer/director listed in #12 of the application. Please refax the entire document with the electronic filing cover sheet.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000256570
Letter Number: 012A00026387

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ASPERA, 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:

Roxana Tsougarakis, VP Operations

Name of Person

ASPERA, INC.

Firm/Company

5900 Hollis Street, Suite E

Address

Emeryville, CA 94608

City/State and Zip code

roxana@asperasoft.com

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

For further information concerning this matter, please call:

Charlie Paquyo

Name of Person

at (510) 849-2386 x 229

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

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. ASPERA, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Int.," "Co.," or "Corp.")

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

2. CA

(State or country under the law of which it is incorporated)

3. 43-2052299

(FEI number, if applicable)

4. 05/01/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/01/2012

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5900 Hollis Street, Suite E, Emeryville, CA 94608

(Principal office address)

Same as above

(Current mailing address)

8. Hired a Sales Engineer to carry out Professional 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 CompanyOffice Address: 1201 Hays StreetTallahassee

(City)

, Florida 32301

(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

By: Rosemaria Gagliardino

(Registered agent's signature)

Rosemaria Gagliardino

Assistant VP

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: Michelle Munson, CEO & PresidentAddress: 5900 Hollis Street, Suite E
Emeryville, CA 94608Vice Chairman: Serban Simu, VP EngineeringAddress: 5900 Hollis Street, Suite E
Emeryville, CA 94608

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michelle MunsonAddress: 5900 Hollis Street Suite E
Emeryville, CA 94608

Vice President: _____

Address: _____

Secretary: Serban SimuAddress: 5900 Hollis Street Suite E, Emeryville, CA

Treasurer: _____

Address: _____

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

13. Michelle Munson
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. Michelle C. Munson

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

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

ASPBRA, INC.

FILE NUMBER: C2877059
FORMATION DATE: 05/01/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

12 OCT 24 AM 9:44
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 17, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

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