F1300000795

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



100243657271

02/19/13--01010--016 **950.00

01/22/13--01031--019 **70.00



SAPPELL

COVER LETTER

TO:		Filing Sect					
		on of Corp					
SUBJ	ECT:	Smart	Cloud, In	C.			
					on - must i	nclude suffix	
Dear S	Sir or M	adam:					
"Certi	ficate of	f Existence		e of Good St	anding" an	id check are sul	ct Business in Florida," omitted to register the
Please	return	all correspo	ondence concern	ing this mat	ter to the fo	ollowing:	
Mic	hael	W. Ba	rnett				
				Name o	of Person		
Sm	artCl	loud, Ir	nc.				
				Firm/Co	mpany		· · · · · ·
19E	3 Cro	sby D	rive, Suite	350			
				Ado	iress		
Bed	dford	, MA 0	1730				
				City/State	and Zip co	ode	
mba	arnett	@sma	rtcloudsw.d	com			
			E-mail addres	s: (to be use	d for future	annual report	notification)
For fu	rther in	formation of	oncerning this r	natter, pleas	e call:		
Mic	hael	W. Ba	rnett	at (339	. 970	0-0958	
		of Person		at (Are	a Code & I	Daytime Teleph	one Number
						1	
	New I Divisi Clifto 2661 Tallah	Filing Section of Corp in Building Executive Chassee, FL	Center Circle 32301			MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	sed is a	check for t	he following am	ount:			
= \$7	0.00 Fil	ing Fee	□ \$78.75 Filir Certificate			Filing Fee & ed Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy



January 23, 2013

MICHAEL W. BARNETT 19B CROSBY DR SUITE 350 BEDFORD, MA 01730

SUBJECT: SMARTCLOUD, INC. Ref. Number: W13000004442

We have received your document for SMARTCLOUD, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 113A00001715



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.

	oud, Inc. orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
SmartClo	oud Software, Inc.	
		me adopted for the purpose of transacting business in Florida)
MA	iore in riorida, onter alternate corporate na	3 80-0342461
	under the law of which it is incorporated)	(FEI number, if applicable)
January	•	_{5.} perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Decembe	er 15, 2010	
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
19B Crosl	by Drive, Suite 350	
	(Principal office	address)
Bedford, N	//A 01730	
	(Current mailing	address)
		uudi vaa j
Software	development consulting	
	development, consulting	g and sales
(Purpose(s) of corporation authorized in home state o	g and sales r country to be carried out in state of Florida)
(Purpose(s	of corporation authorized in home state of address of Florida registered agent:	g and sales r country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state o	g and sales r country to be carried out in state of Florida)
(Purpose(s Name and <u>stree</u> Name:	of corporation authorized in home state of address of Florida registered agent:	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s Name and <u>stree</u> Name:	of corporation authorized in home state of the address of Florida registered agent: Christine McCarty	g and sales r country to be carried out in state of Florida)
(Purpose(s Name and <u>stree</u> Name:	of corporation authorized in home state of address of Florida registered agent: Christine McCarty 5801 Sunset Blvd	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s Name and <u>stree</u> Name: Tice Address:	of corporation authorized in home state of staddress of Florida registered agent: Christine McCarty 5801 Sunset Blvd Fort Pierce (City)	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable) 7. Florida 34982
(Purpose(s Name and <u>stree</u> Name: Fice Address: Registered as ving been name	of corporation authorized in home state of address of Florida registered agent: Christine McCarty 5801 Sunset Blvd Fort Pierce (City) gent's acceptance: ed as registered agent and to accept so	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 34982, Florida 2 (Zip code) ervice of process for the above stated corporation at the plane.
(Purpose(s Name and stree Name: Tice Address: Registered anyoing been name ignated in this	of corporation authorized in home state of address of Florida registered agent: Christine McCarty 5801 Sunset Blvd Fort Pierce (City) gent's acceptance: led as registered agent and to accept so application, I hereby accept the appo	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 34982 (Zip code) ervice of process for the above stated corporation at the plaintment as registered agent and agree to act in this capacit
(Purpose(s Name and stree Name: Tice Address: Registered any ving been naming ignated in this ther agree to c	of corporation authorized in home state of address of Florida registered agent: Christine McCarty 5801 Sunset Blvd Fort Pierce (City) gent's acceptance: led as registered agent and to accept so application, I hereby accept the appo	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 34982 (Zip code) ervice of process for the above stated corporation at the plaintment as registered agent and agree to act in this capacites relative to the proper and complete performance of my
(Purpose(s Name and stree Name: fice Address: Registered aving been name ignated in this ther agree to c	ct address of Florida registered agent: Christine McCarty 5801 Sunset Blvd Fort Pierce (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 34982 (Zip code) ervice of process for the above stated corporation at the plaintment as registered agent and agree to act in this capacites relative to the proper and complete performance of my
(Purpose(s Name and stree Name: fice Address: Registered aving been name ignated in this ther agree to c	ct address of Florida registered agent: Christine McCarty 5801 Sunset Blvd Fort Pierce (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo	g and sales r country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 34982 (Zip code) ervice of process for the above stated corporation at the pointment as registered agent and agree to act in this capacities relative to the proper and complete performance of my as of my position as registered agent.

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: Michael W. Barnett
Address: 288 Linden Street
Wellesley, MA 02482
Vice Chairman: Steven P. Fraleigh
Address: 134 Crossbow Lane
North Andover, MA 01845
Director: Mark R. Starnes
Address: 8 Flameleaf Court
Gaithersburg, MD 20878
Director: Paul V. Lindenfelzer
Address: 8 Mayflower Way
Tyngsboro, MA 01879
B. OFFICERS
President: Michael W. Barnett
Address: 288 Linden Street
Wellesley, MA 02482
Vice President: Mark R. Starnes
Address: 8 Flameleaf Court
Gaithersburg, MS 20878 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Secretary: Steven P. Fraleigh
Address: 134 Crossbow Lane, North Andover, MA 01845
Treasurer: Paul V. Lindenfelzer
Address: 8 Mayflower Way, Tyngsboro, MA 01879
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Director or Officer
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. 2013.01.15 13:35:18 -05'00' Michael W. Barnett, President

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



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

Date: January 14, 2013

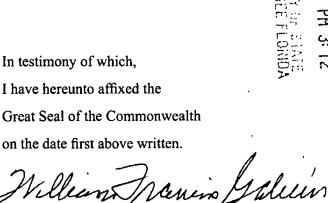
To Whom It May Concern:

I hereby certify that,

SMARTCLOUD, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on January 14, 2009.

I also certify that so far as appears of record here, said corporation still has legal exister



Secretary of the Commonwealth

Certificate Number: 13010624450

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tgr