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To:

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500

Fax Number

: (702)866-2689

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

documents @incorp.com

## FOREIGN PROFIT/NONPROFIT CORPORATION SOTI Inc.

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Certified Copy	0
Page Count	04
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## **COVER LETTER**

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SUBJECT: SOTH	nc.					
SUBJECT:	Name of corpora	tion - must include suffix				
Dear Sir or Madam:						
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Please return all corre	spondence concerning this m	atter to the following:				
	Ambe	r Ragland				
	Name	of Person	<u> </u>			
	InCorp S	ervices, inc.	► 44 - 77 f			
		Company	<del> </del>			
	2360 Corporate	Circle · Suite 400				
	·	ddress				
	当 Henderson, NV 89074-7722 ラ					
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For further information	n concerning this matter, ples	ise call:				
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Clifton Buildi 2661 Executiv Tallahassec, F	e Center Circle	P.O. Box 632' Tallahassee, F				
Enclosed is a check for	r the following amount:					
■ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 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.	SOTI Inc.					
	(Enter name of corporation; must in "Inc.," "Co.," "Cosp," "Inc.," "Co," o	clude "INCORPORATED or "Corp.")	, <sup>1)</sup>	"COMPANY," "CORPORATION,"		
	(If name unavailable in Florida, ente	r alternate corporate name	e acti	opted for the purpose of transacting business i	n Florida)	
2.	Ontario, Canada	3		98-0500887		
	(State or country under the law of wh	ich it is incorporated)		(FEI number, if applicable)		
4.	06/27/1995	5.	P	erpetual		
	(Date of incorporation)		(	Duration: Year corp. will cease to exist or "pe	erpetual")	
б.	Upon Filing					
	(Date	first transacted business	in F	lorida, if prior to registration)		
	(SEE SEC	TIONS 607.1501 & 607.1	.502	, F.S., to determine penalty liability)		
7.	5770 Hurontario Street, Suite	1100, Mississauga, O	N L	5R 3G5 CA		****
		(Principal office add	ires	s)		ج.
	5770 Hurontario Street, Suite	1100, Mississauga, O	NI	.5R 3G5 CA		
		(Current mailing add	ires	8)	I:	~ _
					<i>:</i>	S
8.	Mobile Device Management S					17
	(Purpose(s) of corporation aut	horized in home state or c	oun	rry to be carried out in state of Florida)	929	
9.	Name and street address of Flori	da registered agent: (P.	<b>O</b> . 1	Box NOT acceptable)	ADA ATE	All II: 20
	Name: InCorp Service	es, inc.		<del>_</del>		
Oi	ffice Address: 17888 67th C	ourt North				
	Loxahatchee			, Florida <u>33470</u>		
		(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.

on behalf of Incorp Services, Inc.

(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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	<del></del>
Director: Oscar Rambaldini	
Address: 5770 Hurontario Street, Suite 1100	
Mississauga, ON L5R 3G5 CA	
Director:	
Address:	
B. OFFICERS	
President: Carl Rodrigues	<u> </u>
Address: 5770 Hurontario Street, Suite 1100	
Mississauga, ON L5R 3G5 CA	<u> </u>
Vice President: Ron Hassanwalia	<u> </u>
Address: 5770 Hurontario Street, Suite 1100	
Mississauga, ON L5R 3G5 CA	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If negessary, you may attach an addendum to the application listing additional officers and	/or directors.
13. Cal Web 1	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he of she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.	
14. Car Rodriques President  (Typed or printed name and capacity of person signing application)	

04:11:04 p.m. 05-14-2013 5/5 TI 70ついしもなりと

Request ID: Demande n " : 015257773

Transaction ID: 50633778
Transaction n\*:

Category ID; Categorie : Province of Ontario Province de l'Ontario Ministry of Government Services Ministère des Services gouvernementaux Date Report Produced: 2013/04/16

Document produit le :

Time Report Produced: 14:36:43

imprime à :

## CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

SOTI INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

001137302

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

JUNE 27 JUIN, 1995

and has not been dissolved.

et n'est pas dissoute.

THE TO AN IT: 20

Dated

Fait le

APRIL 16 AVRIL, 2013

Director Directrice

The issuance of this certificate in electronic form is authorized by the Ministry of Government Services.

La délivrance du présent certificat sous forme électronique est autorisée par le Ministère des Services gouvernementaux.