

7/11/2013 11:58:42 To: 50617881

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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FOREIGN PROFIT/NONPROFIT CORPORATION  
AFFIRMED NETWORKS, INC.

Certificate of Status	0
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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. Affirmed Networks, Inc.**

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

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

2. Delaware 3. 27-2472543  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 2010 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. 35 Nagog Park, 1st Floor, Acton, MA 01720  
(Principal office address)  
35 Nagog Park, 1st Floor, Acton, MA 01720  
(Current mailing address)

8. Remote customer support for telecommunications equipment  
(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: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

CT Corporation System

By:

Connie Bryan  
(Registered agent's signature)

Connie Bryan

Assistant Secretary

**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.**

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

A. DIRECTORS - See attached addendum for additional director information

Chairman: Hassan Ahmed

Address: 35 Nagog Park, 1st Floor, Acton, MA 01720

Vice Chairman:

Address:

Director: Jon Auerbach

Address: 35 Nagog Park, 1st Floor, Acton, MA 01720

Director: Timothy Barrows

Address: 35 Nagog Park, 1st Floor, Acton, MA 01720

B. OFFICERS

President: Hassan Ahmed

Address: 35 Nagog Park, 1st Floor, Acton, MA 01720

Vice President: of Finance & Administration: George Hale

Address: 35 Nagog Park, 1st Floor, Acton, MA 01720

Secretary: Harris Fishman

Address: 35 Nagog Park, 1st Floor, Acton, MA 01720

Treasurer: Harris Fishman

Address: 35 Nagog Park, 1st Floor, Acton, MA 01720

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. George W Hale VP Finance & Administration

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

7/11/2013 11:58:43 From: To: 8506176381

FILED ( 4/5 )  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**AFFIRMED NETWORKS, INC.**

**Addendum to Florida Application for Authorization to Transact Business**

**Additional Director: Robert Goodman  
35 Nagog Park  
1st Floor  
Acton, MA 01720**

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFFIRMED NETWORKS, 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 ELEVENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4814184 8300

130866389

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0576887

DATE: 07-11-13