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FOREIGN PROFIT/NONPROFIT CORPORATION**Lieberman Software Corporation**

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December 20, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUSINESS FILINGS

SUBJECT: LIEBERMAN SOFTWARE CORPORATION
REF: W13000069395

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.

Please review the FEI # in #3 of the application and correct accordingly. The FEI should have 9 digits.,

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. #: H13000277871
Letter Number: 213A00028909

P.O BOX 6327 - Tallahassee, Florida 32314

Tax Audit # H130002778713

**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. Lieberman Software Corporation
(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. California 3. 20-1010329
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/5/2004 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1900 Ave of the Stars, Suite 425, Los Angeles, California 90067
(Principal office address)
1900 Ave of the Stars, Suite 425, Los Angeles, California 90067
(Current mailing address)
8. All lawful business
(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: Business Filings Incorporated
- Office Address: 515 E. Park Avenue
Tallahassee, Florida 32301
(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.

Mark Williams

Mark Williams, AVP, Business Filings Incorporated

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Philip Lieberman

Address: 1900 Ave of the Stars, Suite 425, Los Angeles, California 90067

Director: _____

Address: _____

B. OFFICERS

President: Philip Lieberman

Address: 1900 Ave of the Stars, Suite 425, Los Angeles, California 90067

Vice President: Philip Lieberman

Address: 1900 Ave of the Stars, Suite 425, Los Angeles, California 90067

Secretary: Philip Lieberman

Address: 1900 Ave of the Stars, Suite 425, Los Angeles, California 90067

Treasurer: Philip Lieberman

Address: 1900 Ave of the Stars, Suite 425, Los Angeles, California 90067

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. Philip Lieberman, President

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

Tax Credit # H1300027871 3

**State of California
Secretary of State**

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CERTIFICATE OF STATUS

ENTITY NAME:

LIEBERMAN SOFTWARE CORPORATION

FILE NUMBER: C2645521
FORMATION DATE: 04/05/2004
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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 December 12, 2013.

Debra Bowen

**DEBRA BOWEN
Secretary of State**