F14000000411

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJ	ECT: CYBA	AGE SOF	TWARE	INC	
				n - must include suffix	
Dear S	Sir or Madam:				
"Certi		e," or "Certificat	e of Good Sta	nding" and check are s	sact Business in Florida," ubmitted to register the
	return all corresp SAM SHAH		ning this matte	er to the following:	
			Name of	Person	· · · · · · · · · · · · · · · · · · ·
CY	BAGE SOF	TWARE	INC		
			Firm/Cor	прапу	
405	8 148TH <i>A</i>	VE NE			
			Addr	ess	
RE	OMOND, V	VA 98052			
			City/State a	and Zip code	
NIG	AMASHAH	_			
		E-mail addres	s: (to be used	for future annual repor	t notification)
For fu	ther information	concerning this r	natter, please	call:	
NIC	AM SHAH		_{at (} 425	、891-5145	
	Name of Persor		Area	891-5145 Code & Daytime Teler	hone Number
	STREET/COUNTY New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	ion porations Center Circle 32301		MAILING New Filing S Division of O P.O. Box 63 Tallahassee,	Section Corporations 27
Enclos	ed is a check for t	he following am	ount:		
S \$70	0.00 Filing Fee	□ \$78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	S87.50 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.

	GTON STATE 3.	adopted for the purpose of transacting business in Florid 20-0763296	
-	under the law of which it is incorporated)	(FEI number, if applicable)	
02/23/20		PERPETUAL	
01/01/20	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	")
	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
1058 148	TH AVE NE	, , , , , , , , , , , , , , , , , , , ,	
<u>,</u>	(Principal office add	ress)	
REDMON	D, WA 98052		
	(Current mailing add	ress)	
SOFTWA	ARE TECHNICAL PROFES	SSIONAL SERVICES 🕏 🗸	
· · · · · · · · · · · · · · · · · · ·) of corporation authorized in home state or co		
Name and stree	et address of Florida registered agent: (P.C) Box NOT acceptable)	=
Name:	CSC	7.56% (100 paste)	7 A
ice Address:	1201 HAYS STREET		AH 7:
	TALLAHASSEE	Florida 32301	S S
	(City)	(Zip code)	
Domistowed or	gent's acceptance:		
Registered at		ice of process for the above stated corporation at t	he plac
ving been nam			
ving been nam ignated in this	application, I hereby accept the appointm	nent as registered agent and agree to act in this co	pacity.
ving been nam Ignated in this Ther agree to c	application, I hereby accept the appointm	nent as registered agent and agree to act in this co elative to the proper and complete performance o	pacity. f my

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: DEEPAK NATHANI Address: 4058 148TH AVE NE REDMOND, WA 98052 Vice Chairman: ARUN NATHANI Address: 4058 148TH AVE NE REDMOND, WA 98052 Director: _ Address: Director: _ Address: **B. OFFICERS** President: _ Vice President: Address: _ Secretary: Address: Treasurer: CHIRAG BINDAL Address: 4058 148TH AVE NE REDMOND, WA 98052 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF CYBAGE SOFTWARE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 2/23/2004.

remains active and has complied with the filing requirements of this office.

Date: December 2, 2013

UBI: 602-368-749

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

- 1111

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Kim Wyman, Secretary of State

