

F14000001834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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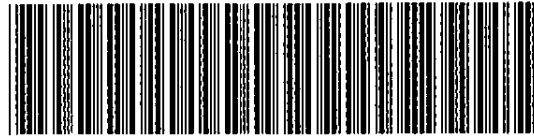
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 APR 25 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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DIVISION OF CORPORATIONS

APR 28 2014

J. BRYAN



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 100289 4801730

AUTHORIZATION :

COST LIMIT : \$ 70.00

Sybil Coleman

ORDER DATE : April 18, 2014

ORDER TIME : 4:17 PM

ORDER NO. : 100289-010

CUSTOMER NO: 4801730

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TALLAHASSEE FLORIDA

FOREIGN FILINGS

NAME: ZENPAY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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.

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1. ZenPay, 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. 90-1023112

(State or country under the law of which it is incorporated)

(FEL number, if applicable)

4. October 24, 2013

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. c/o Cleota G. Brown ZenPay, Inc., Suite 550, 1600 Seaport Blvd., Redwood City, CA 94063

(Principal office address)

Suite 550, 1600 Seaport Blvd., Redwood City, CA 94063

(Current mailing address)

To engage in any act or activity for which corporations may be organized.

8.

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By:

(Registered agent's signature)

Assistant Vice President

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: See attached directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers rider

Address: _____

Vice President: _____

Address: _____

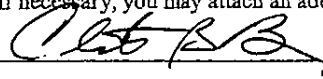
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Cleota G. Brown, Secretary

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

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TALLAHASSEE, FLORIDA

Officers/Directors Rider

List of Officers

Name: Arkadi Kuhlmann
Title: President
Business Address: c/o ZenPay, Inc., 908 Westover Road, Wilmington, DE 19807
Residential Address: c/o ZenPay, Inc., 908 Westover Road, Wilmington, DE 19807

Name: Thomas B. Hugh
Title: Vice President & Treasurer
Business Address: c/o ZenPay, Inc., 908 Westover Road, Wilmington, DE 19807
Residential Address: 1428 Bainbridge Street, Philadelphia, PA 19146

Name: Cleota G. Brown
Title: Vice President & Secretary
Business Address: c/o ZenPay, Inc., 908 Westover Road, Wilmington, DE 19807
Residential Address: 47-413 Waihee Road, Kaneohe, HI 96744

List of Directors

Name: Arkadi Kuhlmann
Term Expires: October 24, 2017
Business Address: c/o ZenPay, Inc., 908 Westover Road, Wilmington, DE 19807
Residential Address: c/o ZenPay, Inc., 908 Westover Road, Wilmington, DE 19807

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ZENPAY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2013, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "ZENPAY, INC.".

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

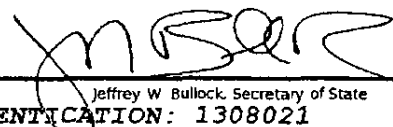
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5421673 8310

140497829

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1308021

DATE: 04-22-14