Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone Fax Number : (85G)878-536B

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION MOSAIX SOFTWARE, INC.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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	Name	of corporation	- must include suffix		0,
Dear Sir or Made	ım:				
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Please return all	correspondence concern	ing this matte	r to the following:		
Keith Lawlor					
		Name of	Person		
MOSAIX SOFTW	ARE, INC.				
		Firm/Con	lpany		
1000 Gammo Driv	e Suite 500				
	,	Addn	255		
Phisburgh, PA 157	238	, <u>, , , , , , , , , , , , , , , , , , </u>			
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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. MOSAIX SOPTWARE, 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) 46-5615689 (FEI number, if applicable) (State or country under the law of which it is incorporated) April 30, 2014 perpetual (Duration: Year corp. will couse to exist or "perpetual") (Date of incorporation) April 30, 2014 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability) 1000 Gamma Drive, Suite 509, Pittsburgh, PA 15238 (Principal office address) 1000 Camma Drive, Suite 500, Pittsburgh, PA 15238 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: 33324 Plantation Florida (Zip code) (City)

9. 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: Margaut E Rouges Special Assistant Secretary

(Registered austr's signature)

10. 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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1). Names and business addresses of officers and/or directors:	7.7		Ð
A. DIRECTORS		=======================================	
Chairman: David Castaldo		56	_
Address: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238			-
Vice Chairman:			-
Address:			-
			_
Director: Xisoyan Zheng			_
Address: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238			_
			_
Director:			_
Address:			-
B. OFFICERS			-
President:	~		_
Address: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238			-
			_
Vice President: Xiaoyan Zhang			
Address: 1000 Gamma Drive, Suite 500. Pittsburgh, PA 15238			-
			-
Secretary: David Castaldo			-
Address: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238			-
Treasurer: David Castaldo Treasurer: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238			-
Address:			-
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.		
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 12 above) affirms that the fact are true and that he or she is aware that false information submitted in a document to the Department of S			
a third degree felony as provided for in # 817.155, F.S.		, ,	
(Typed or printed name and capacity of person signing application)			-

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JULY 30, 2014

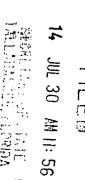
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

MOSAIX SOFTWARE, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.





IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Care ailee

Secretary of the Commonwealth