

Division of Corporations

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**F14000003215**

**Florida Department of State  
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 : FCAC000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

SECTION OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*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
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MOSAIX SOFTWARE, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Keith Lawlor

Name of Person

MOSAIX SOFTWARE, INC.

Firm/Company

1000 Gamma Drive Suite 500

Address

Pittsburgh, PA 15238

City/State and Zip code

klawlor@mosaixsoftware.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Lawlor

at (412) 366-7188

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee   
 ☐ \$78.75 Filing Fee & Certificate of Status   
 ☐ \$78.75 Filing Fee & Certified Copy   
 ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE  
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. MOBAIX SOFTWARE, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Pennsylvania 3. 46-5615689  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 2014 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 30, 2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238  
(Principal office address)

1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

## 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.

By: Margaret E. Routzahn MARGARET E. ROUTZAHN  
(Registered agent's signature) Special Assistant Secretary

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

A. DIRECTORS

Chairman: David Castaldo

Address: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Xiaoyan Zhang

Address: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: David Castaldo

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

Address: 1000 Gamma Drive, Suite 500, Pittsburgh, PA 15238

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

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.817.135, F.S.

13. \_\_\_\_\_

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

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.

*Case Aichele*

Secretary of the Commonwealth

Certification Number: 12014539-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

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