

## 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 : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

\*\*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

Netfortris Operating Co., Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

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Help

12/10/2014

### **COVER LETTER**

TO: New Filing Section of Corp.					
SUBJECT: NetFortris	Operating Co., Inc.				
		oration - must include suffix			
Dear Sir or Madam:					
"Certificate of Existence		on for Authorization to Transact Bo od Standing" and check are submitte business in Florida.			
Please return all corresp	ondence concerning this	matter to the following:			
Bryan Koehler					
	Na	me of Person			
NetFortris Operating Co.	, Inc.				
	Fin	m/Company	<u> </u>		
455 Market Street, Suite	620				
		Address			
San Francisco, CA 9410	5				
	City/	State and Zip code			
jriley@telecompliance.net	1				
	E-mail address: (to be	used for future annual report notif	ication)		
For further information	concerning this matter, p	please call:			
Judith A. Riley	at (	405 ) 755-8177		14	
Name of Person	<u>.</u>	Area Code & Daytime Telephone	Number = C	Ü	
STREET/COU New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	MAILING ADDI New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3	n rations	<u> </u>	
Enclosed is a check for	the following amount:				
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Statu	· · · · · · · · · · · · · · · · · · ·	\$87.50 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.

"Inc.," "Co.," "Corp," "Inc," "C	o," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavailable in Florida,	enter alternate corporate name ad	opted for the purpose of transacting business in Florid	la)		
2. Delaware	3. 4	6-4076875			
(State or country under the law	of which it is incorporated)	(FEI number, if applicable)			
4. <u>11/06/2013</u>	5. <u>F</u>	'erpetual			
(Date of incorporation	on) (	Duration: Year corp. will cease to exist or "perpetual"	")		
6. Upon Qualification					
	Date first transacted business in F SECTIONS 607.1501 & 607.1502	Florida, if prior to registration)  2, F.S., to determine penalty liability)			
7, 455 Market Street, Suite 620, Sa	n Francisco, CA 94105				
	(Principal office addres	13)			
same				7	
	(Current mailing addres	<b>s</b> )		)EC	
		•	,	(	*****
8. Name and street address of F	lorida registered agent: (P.O.	Box NOT acceptable)	11	$\overline{c}$	17
Name: CT Corpora	don System	<u>.</u>			11
		<del></del>			٠
Office Address: 1200 South	Pine Island Road	<del>_</del>		 دن	
		, Florida 33324	.~ `	ာ်	
Plantation					
<u>Plantation</u>	(City)	(Zip code)			
9. Registered agent's acceptant Having been named as register designated in this application, in further agree to comply with th	ace: ed agent and to accept service I hereby accept the appointme e provisions of all statutes rel	(Zip code)  to f process for the above stated corporation at the sent as registered agent and agree to act in this contains to the proper and complete performance of	apacity		
9. Registered agent's acceptant Having been named as register designated in this application, further agree to comply with the duties, and I am familiar with the	ace: ed agent and to accept service I hereby accept the appointme e provisions of all statutes rel	(Zip code)  to f process for the above stated corporation at the sent as registered agent and agree to act in this contains to the proper and complete performance of	apacity		
9. Registered agent's acceptal Having been named as register designated in this application, I further agree to comply with the duties, and I am familiar with the CT Corp.	ace: ed agent and to accept service I hereby accept the appointme e provisions of all statutes rel and accept the obligations of t	(Zip code)  to f process for the above stated corporation at the sent as registered agent and agree to act in this contains to the proper and complete performance of	apacity		

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.

#### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

RE: NETFORTRIS OPERATING CO., INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: 12/10/2014

C T CORPORATION SYSTEM

**Assistant Secretary** 

FILED

. 11. Names and business addresses of officers and/or directors:	14 DEC 10 AM 11: 36
A. DIRECTORS	SECRETARY OF STATE TALLAHAS DE TELEFON
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	<del></del> _
Address:	
B. OFFICERS SEE ATTACHMENT	
President: Grant E. Evans	
Address: 455 Market Street, Suite 620	
San Francisco, CA 94105	
Vice President:	
Address:	
D. J. C. L. T.	
Secretary: David Schaible	
Address: 455 Market Street, Suite 620, San Francisco, CA 94105  Treasurer: David Schaible	
Address: 455 Market Street, Suite 620, San Francisco, CA 94105	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors
12 and the state of the state of the special state of the special state of the stat	Officefa digitor directors.
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) af are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	firms that the facts stated herein c Department of State constitutes
13. Bryan F. Koehler, CFO  (Typed or printed name and capacity of person signing application)	tion)

# Attachment to Fiorida Officers & Directors

Full Name:

Bryan F. Koehler

Officer/Director:

Officer

Officer's Title:

CFO

Director's Title:

Business Address:

455 Market Street, Suite 620 San Francisco

City:

CA

State: ZIP Code:

94105

FILED

14 DEC 10 MIN: 36

SERVICE SERVICES

# Delaware

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NETFORTRIS OPERATING CO., INC." IS DULY INCORPORATED UNDER THE LANS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2014.

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

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

141513707

DATE: 12-10-14