

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Hewlett Packard Enterprise Company

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:

	Name	of Person	
	Firm/Co	ompuny	· · · · · ·
	Ad	tiress	
<u> </u>	City/State	e and Zip code	· · ·
cindy.bunyan@hp.com			· ·
	E-mail address: (to be use	d for future annual report n	ntification)
For further information o	oncerning this matter, pleas	e call:	· ·
			· .
	at ()	
Name of Person	Are	n Code & Daytime Telepho	ne Number
		•	•
STREET/COU	HER ADDRESS:	MAILING AL	DRESS:
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		New Filing Sec	
		Division of Co	
		P.O. Box 6327 Tallahassee, FL 32314	
Tailahassee, FL		1 dilalla3200, 1°L	, 52514
Enclosed is a check for the	te following amount:		
570.00 Filing.Fee	C \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Pee, Certificate of Status & Certified Copy
		•	•
		•	
Filing Manager On line		••	

×

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.

	l Enterprise Company prporation; must include "INCORPORATE	D " "COMPANY " "CORPORATION "	
	orp," "Inc," "Co," or "Corp.")		
		· ·	
			-
(If name unavail:	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)	
Delaware		3. <u>NA</u>	-
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
02/25/2015		5. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
Upon Qualificat	, 		
Ohon Granmen	Jan		
Ohon Gemmen	(Date first transacted busines	s in Florida, if prior to registration)	-
	(Date first transacted busines	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 pet, Paio Alto, CA 94304	.1502, F.S., to determine penalty liability)	15 H
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	.1502, F.S., to determine penalty liability)	15 H/AR
3000 Hanover St	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 eet, Palo Alto, CA 94304 (Principal office a	.1502, F.S., to determine penalty liability)	- MA
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 eet, Palo Alto, CA 94304 (Principal office a	ddress)	MAR I I
<u>3000 Hanover St</u>	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 eet, Pain Alto, CA 94304 (Principal office a	ddress)	- MA
<u>3000 Hanover Str</u> <u>- 今 C+いさ C</u>	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 eet, Pain Alto, CA 94304 (Principal office a	ddress)	MAR I I AH 8:
<u>3000 Hanover Str</u> <u>- 今 C+いさ C</u>	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 vet, Pain Alto, CA 94304 (Principal office a S above (Current mailing a	ddress)	MAR I I AH
3000 Hanover Sta Same and street Name and street	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 eet, Palo Alto, CA 94304 (Principal office a <u>S above</u> (Current mailing a et address of Florida registered agent: (ddress)	MAR I I AH 8: 3
<u>3000 Hanover Sta Scynt a</u> . Name and <u>stree</u>	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 eet, Palo Alto, CA 94304 (Principal office a S above (Current mailing a et address of Florida registered agent: (<u>C T Corporation System</u>	ddress)	MAR I I AH 8: 3

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.

C T Corporation System Alfred Younan Registered agent Assistant Secretary By

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.

FL889 - 05/19/2014 C.T.Filog, Manger Online

۲

Names and business addresses of officers and/or directors:		
DIRECTORS SEE ATTACHMENT		
iman:		
ircss:		
e Chairmen:		•
icss:		
ctor:		
rçss:	• •	
		· · · · · ·
etor:		
Tess:		· · · · · · · · · · · · · · · · · · ·
OFFICERS SEE ATTACHMENT		
		· ·
ident: Rishi Varma		
ress: 3000 Hanover Street		
Palo Alto, CA 94304		
e President:		
ICSS:		· · · · · · · · · · · · · · · · · · ·
retary: Rishi Varma		•
Ireas: 3000 Hanover Street, Palu Alto, CA 94304		
		·
iress:		
TE: If necessary, you may attach an addenguanty the application listing	additional officer	rs and/or directors.
Signature of Director or Officer officer or director signing this document (and who is listed in number 12 true and that he or she is aware that false information submitted in a docu ird degree felony as provided for in s.817.155, F.S.	2 above) affirms t ument to the Depa	hat the facts stated herei artment of State constitu
Rishi Varma, President		• •
(Typed or printed name and capacity of person signi	ing application)	

•

.

ì

Attachment to Florida Officers & Directors

 Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code:
Full Name: Officer/Director: Officer's Title: Director's Title:

> Business Address: City: State: ZIP Code:

3

Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State:

ZIP Code:

Catherine A. Lesjak Officer, Director **Chief Financial Officer** Director 3000 Hanover Street Palo Alto CA 94304 Rishi Varma Officer, Director President, Secretary Director 3000 Hanover Street Palo Alto CA 94304 Jeremy K. Cox Director

Director 5400 Legacy Drive Plano TX 75024

.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEWLETT PACKARD ENTERPRISE COMPANY" IS DULY INCORPORATED UNDER THE LAWS 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 SIXTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



ey W. Bullock, Secretary of State AUTHENT CATION: 2175580

DATE: 03-06-15

5699265 8300

150323181 You may verify this cartificato online at corp.delaware.gov/authver.shtml