

FIS0000001106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

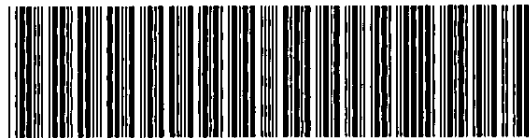
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700269834227

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAR 17 PM 12:39
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 MAR 17 AM 9:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/17/15

NAME: XSIGHT SYSTEMS, INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

15 MAR 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: XSIGHT SYSTEMS, 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:

MOTI HODIS

Name of Person

MY ACCOUNTTEAM, INC.

Firm/Company

128 CHESTNUT STR.

Address

NEWTON, MA 02465

City/State and Zip code

XSIGHT@MYACCOUNTTEAM.COM

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

For further information concerning this matter, please call:

MOTI HODIS

at (508) 405-1562

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

**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. XSIGHT SYSTEMS, 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. 75-3254216
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/27/2007 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 3/1/15
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. ONE POST OFFICE SQUARE FLR 30th floor BOSTON MA 02109
(Principal office address)
- 303 Wyman Str. Suite 300 WALTHAM MA 02451
(Current mailing address)

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

Name: NRAI Services, Inc.

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, 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.

NRAI Services, Inc.

By: _____

(Registered agent'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.

FILED
15 MAR 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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

A. DIRECTORS

Chairman: ALON NITZAN
Address: One Post Office Square, 30th Floor
Boston, MA 02109

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: ALON NITZAN
Address: One Post Office Square, 30th Floor
Boston, MA 02109

Vice President: ARIK FUX
Address: One Post Office Square, 30th Floor
Boston, MA 02109

Secretary: ALON NITZAN
Address: One Post Office Square, 30th Floor, Boston, MA 02109

Treasurer: ALON NITZAN
Address: One Post Office Square, 30th Floor, Boston, MA 02109

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.817.155, F.S.

13. ARIK Fux, Vice President
(Typed or printed name and capacity of person signing application)

FILED
15 MAR 17 AM 9:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XSIGHT SYSTEMS INC." 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 SEVENTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XSIGHT SYSTEMS INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2007.

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.


FILED
15 MAR 17 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4397396 8300

150367382

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2205950

DATE: 03-17-15