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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

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9/3/15

NAME:

SENSEAR, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

absie Hache

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sensear, 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:
Capitol Services – Corporate Filings Team
Name of Person
Capitol Services, Inc.
Firm/Company
800 Brazos Ste 400
Address
Austin TX 78701 City/State and Zip code
regagent@capitolservices.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (800) 345-4647
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration 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 & ☐ \$78.75 Filing Fee & ☐ \$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.

		ICI L	BUSINESS IN THE STATE OF FLORIDA.	
	c. orporation; must include "INCORPORA" orp," "Inc," "Co," or "Corp.")	red,	" "COMPANY," "CORPORATION,"	
(If name unavaila	nble in Florida, enter alternate corporate i	ame	adopted for the purpose of transacting business in Florida)	
2. Delaware		3.	27-0262223	
(State or countr	y under the law of which it is incorporate	d)	(FEI number, if applicable)	
4. 5/19/2009		_ 5.	Perpetual	
(Date	of incorporation)		(Date of duration, if other than perpetual)	
6. 9/1/2015				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_{7.} 20 Trafalgar	Square, Suite 472, Nashua	NH,	03063 USA	
	(F	rincip	pal office address)	
C/O MONTA	AGE SERVICES, INC., 281 E	LLIS	S ST. SAN FRANCISCO, CA 94102	
			ng address, if different)	
8. Name and street	<u>et address</u> of Florida registered agent:	(P.C	O. Box <u>NOT</u> acceptable)	
Name:	Capitol Corporate Services	, Inc	o.	
Office Address:	155 Office Plaza Dr Ste A	•		
	Tallahassee	•	Florida 32301	
	(City)		, Florida <u>32301</u> (Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the app	ointi utes i	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my of my position as registered agent.	
_	Ka Au		Krista Ali, Asst. Secretary on behalf of Capitol Corporate Services,語c.	
	(Regis	tered	agent's signature)	
the Department of			, not more than 90 days prior to delivery of this application official having custody of corporate records in the javisdiction	o P
andor the law of y	mion it is moorporated.		OF D	
			LOF STA P:	

A. DIRI	ECTORS
Chairmon	:
Address:	· · · · · · · · · · · · · · · · · · ·
Vice Chai	irman:
Address:	
Director:	Robert Denby
Address:	20 Trafalgar Square, Suite 472, Nashua, NH, 03063
	USA
Director:	No. 2
Address:	>\tilde{\text{C}}
B. OFF	
President	Robert Denby
Address:	20 Trafalgar Square, Sulte 472, Nashua, NH, 03063
	USA
Vice Pres	ident:
Address:	
Secretary	: Robert Denby
Address;	20 Trafalgar Square, Suite 472, Nashua, NH, 03063, USA
Treasurer	Robert Denby
Address:	20 Trafalgar Square, Suite 472, Nashua, NH, 03063, USA
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
are true	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.
12	ROSE DENSY PRESIDENT

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SENSEAR, 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 FIFTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENSEAR, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 2009.

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.

4690274 8300

151054438

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

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2559692

DATE: 07-15-15