

F15000004428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

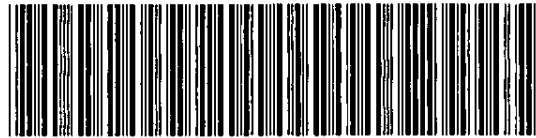
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 OCT - 6 A 9 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 07 2015

3 MASON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 820624 7446227

AUTHORIZATION :

*Lyndee*

COST LIMIT : \$ 78.00

ORDER DATE : October 5, 2015

ORDER TIME : 9:37 AM

ORDER NO. : 820624-010

CUSTOMER NO: 7446227

FOREIGN FILINGS

NAME: LIVEBRIDGE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Livebridge, 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:

Kathy Brown

\_\_\_\_\_  
Name of Person

Livebridge, Inc.

\_\_\_\_\_  
Firm/Company

2828 N. Haskell Ave., Fl 9

\_\_\_\_\_  
Address

Dallas, TX 75204

\_\_\_\_\_  
City/State and Zip code

acs.legal-corporate@xerox.com

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

For further information concerning this matter, please call:

Kathy Brown

214

841-6111

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 &  
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. Livebridge, 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. Oregon 3. 93-0964177  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/07/2005 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
Date of registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2828 N. Haskell Ave, Fl 9, Dallas, TX 75204  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

Courtney Williams  
Asst. Vice President

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.

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

**A. DIRECTORS**

Chairman: J. Michael Pfeffer  
2828 N. Haskell Ave., Fl 9  
Address: Dallas, TX 75204

Vice Chairman: Mike R. Festa  
45 Glover Avenue  
Address: Norwalk, CT 06856

Director:  
Address:

Director:  
Address:

**B. OFFICERS**

President: Sue Watts  
2251 Marrell Hill Road  
Address: Valparaiso, IN 46385

Vice President: Mike Festa  
45 Glover Ave.  
Address: Norwalk, CT 06856

Secretary: J. Michael Pfeffer  
2828 N. Haskell Ave, Dallas, TX 75204  
Address:

Treasurer: Rohit Philip  
45 Glover Ave., Norwalk, CT 06856  
Address:

**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 11 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. J. Michael Pfeffer, Director  
(Typed or printed name and capacity of person signing application)

FILED  
2015 OCT -6 A 9 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *State of Oregon*

OFFICE OF THE SECRETARY OF STATE  
*Corporation Division*

## **Certificate of Existence 251G193B1**

*I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

**LIVEBRIDGE, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

*Jeanne P. Atkins*

**JEANNE P. ATKINS, SECRETARY OF STATE**

**10/6/2015**