

F15000004519

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000244076 3)))



H150002440763ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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

TenX RE, Inc.

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

RECEIVED
FILED
15 OCT 12 PM 12:12
15 OCT 12 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help
OCT 13 2015

10/12/2015 12:06:29 PM From: To: 8506176383(2/7)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TenX RE, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

lscheifele@auction.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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. TenX RE, 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

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 09/30/2015

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Mauchly, Irvine, CA 92618

(Principal office address)

same

(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

(City)

, Florida 33324

(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. 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.

NRAI Services, Inc.

By: Alfred Younan

(Registered agent's signature)

**Alfred Younan
Assistant Secretary**

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 OCT 12 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Lee Leslie

Address: One Mauchly

Irvine, CA 92618

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Lee Leslie

Address: One Mauchly

Irvine, CA 92618

Vice President: Arlene Richardson

Address: One Mauchly

Irvine, CA 92618

Secretary: Lee Leslie

Address: One Mauchly, Irvine, CA 92618

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. [Signature]

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. Lee Leslie, President

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

15 OCT 12 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 **Full Name:** Aman Kothari
 Officer/Director: Officer
 Officer's Title: CFO
 Director's Title:
 Business Address: One Mauchly
 City: Irvine
 State: CA
 ZIP Code: 92618
- 2 **Full Name:** Vibhav Kapila
 Officer/Director: Officer
 Officer's Title: Vice President
 Director's Title:
 Business Address: One Mauchly
 City: Irvine
 State: CA
 ZIP Code: 92618
- 3 **Full Name:** Scott Reid
 Officer/Director: Officer
 Officer's Title: Vice President
 Director's Title:
 Business Address: One Mauchly
 City: Irvine
 State: CA
 ZIP Code: 92618
- 4 **Full Name:** Lan Pham
 Officer/Director: Officer
 Officer's Title: Vice President
 Director's Title:
 Business Address: One Mauchly
 City: Irvine
 State: CA
 ZIP Code: 92618
- 5 **Full Name:** Adrian Strelzow

FILED
15 OCT 12 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/12/2015 12:06:29 PM From: To: 8506176383(6/7)

	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	One Mauchly
	City:	Irvine
	State:	CA
	ZIP Code:	92618
6	Full Name:	Joshua Jacob
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	One Mauchly
	City:	Irvine
	State:	CA
	ZIP Code:	92618
7	Full Name:	Lee Leslie
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	One Mauchly
	City:	Irvine
	State:	CA
	ZIP Code:	92618

FILED
15 OCT 12 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TENX RE, 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 SEVENTH DAY OF OCTOBER, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TENX RE, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2015.

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

FILED
15 OCT 12 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5802651 8300

SR# 20150419595

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10198417

Date: 10-07-15