

F15000004849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

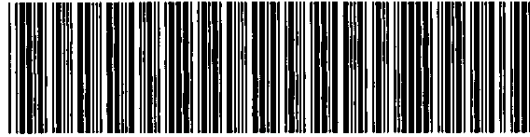
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPRIZA, 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:

ANGELINE TAN

Name of Person

SAGENT MANAGEMENT

Firm/Company

1521 CALIFORNIA CIRCLE, 2ND FLOOR

Address

MILPITAS, CA 95035

City/State and Zip code

SAGENTOPERATIONS@SAGENTMANAGEMENT.COM

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

For further information concerning this matter, please call:

ANGELINE TAN

408

263-1040 EXT. 123

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. CAPRIZA, 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. 45-2472558
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/03/2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 11/16/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 400 HAMILTON AVENUE, STE 130, PALO ALTO, CA 94301
(Principal office address)
- (Current mailing address, if different)

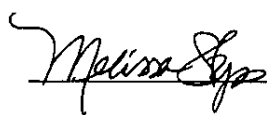
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCORPORATING SERVICES, LTD.
Office Address: 1540 GLENWAY DRIVE
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.

 , Assistant Secretary
(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.

11. Names and business addresses of officers and/or directors:
(PLEASE SEE ATTACHMENT)

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: BEN HOROWITZ

Address: 400 HAMILTON AVENUE, STE 130, PALO ALTO, CA 94301

Director: AMNON LANDAN

Address: 400 HAMILTON AVENUE, STE 130, PALO ALTO, CA 94301

B. OFFICERS

President: YUVAL SCARLAT

Address: 400 HAMILTON AVENUE, STE 130, PALO ALTO, CA 94301

Vice President: YUVAL SCARLAT

Address: 400 HAMILTON AVENUE, STE 130, PALO ALTO, CA 94301

Secretary: YUVAL SCARLAT

Address: 400 HAMILTON AVENUE, STE 130, PALO ALTO, CA 94301

Treasurer: JONY HARTONO

Address: 400 HAMILTON AVENUE, STE 130, PALO ALTO, CA 94301

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. JONY HARTONO (CFO)

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

**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA**

CAPRIZA, INC.

ADDITIONAL LIST OF DIRECTORS:

NAME: YUVAL SCARLAT
ADDRESS: 400 HAMILTON AVENUE, STE 130
PALO ALTO, CA 94301

NAME: IZHAR ARMONY
ADDRESS: 400 HAMILTON AVENUE, STE 130
PALO ALTO, CA 94301

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TALLAHASSEE, FLORIDA

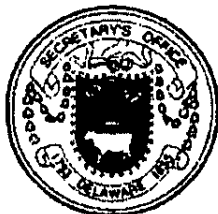
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAPRIZA, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2015.



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SR# 20150150046

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10084661

Date: 09-17-15