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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Date: 04/18/2016 Account #: I20000000088

Name: Michelle Walker

Reference #: D285320

ENTITY NAME: NUCOMPASS MOBILITY SERVICES INC.

- [x] Articles of Incorporation/Authorization to Transact Business
- [ ] Amendment
- [ ] Annual Report
- [ ] Change of Agent
- [ ] Reinstatement
- [ ] Conversion
- [ ] Merger
- [ ] Dissolution/Withdrawal
- [ ] Fictitious Name
- [ ] Other: _____

Authorized Amount: $70

Signature: M. Walker

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301
Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200
E-Mail: *info@nationalcorp.com* Website: *www.nationalcorp.com*

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E-Mail: *info@nationalcorp.com* Website: *www.nationalcorp.com*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUCOMPASS MOBILITY SERVICES 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:

SERENA TORVIK
Name of Person

NUCOMPASS MOBILITY SERVICES INC.
Firm/Company

7901 STONERIDGE DRIVE, SUITE 390
Address

PLEASANTON, CA 94588
City/State and Zip code

STORVIK@NUCOMPASS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERENA TORVIK at (925) 734-3813
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. **NUCOMPASS MOBILITY SERVICES 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. **90-0438305**
(FEI number, if applicable)

4. **01-16-2009**
(Date of incorporation)

5.
(Date of duration, if other than 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. **7901 Stoneridge Drive, Suite 390, Pleasanton, CA 94588**
(Principal office address)

7901 Stoneridge Drive, Suite 390, Pleasanton, CA 94588
(Current mailing address, if different)

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

Name: **National Corporate Research, Ltd., Inc.**

Office Address: **115 North Calhoun Street, Suite 4**

Tallahassee, Florida **32301**
(City) (Zip code)

16 JAN 19 AM 9:52

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.

Rose Marie Cole
(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:

A. DIRECTORS

Chairman: Frank Patitucci

Address: 7901 Stoneridge Drive, Suite 390

Pleasanton, CA 94588

Vice Chairman: _____

Address: _____

_____

Director: Ronald Whitmill

Address: 7901 Stoneridge Drive, Suite 390

Pleasanton, CA 94588

Director: Dave Marron

Address: 7901 Stoneridge Drive, Suite 390

Pleasanton, CA 94588

B. OFFICERS

President: Frank Patitucci

Address: 7901 Stoneridge Drive, Suite 390

Pleasanton, CA 94588

Vice President: _____

Address: _____

_____

Secretary: Ronald Whitmill

Address: 7901 Stoneridge Drive, Suite 390, Pleasanton, CA 94588

Treasurer: Frank Patitucci

Address: 7901 Stoneridge Drive, Suite 390, Pleasanton, CA 94588

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. Serena P. Torvik, Director, General Counsel

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

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

11. (continued)

A. DIRECTORS

Director: Anna Patitucci
Address: 7901 Stoneridge Drive, Suite 390
Pleasanton, CA 94588

Director: Serena Torvik
Address: 7901 Stoneridge Drive, Suite 390
Pleasanton, CA 94588

Delaware

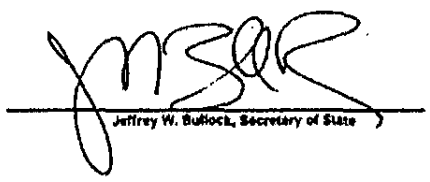
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUCOMPASS MOBILITY SERVICES 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 EIGHTEENTH DAY OF APRIL, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUCOMPASS MOBILITY SERVICES INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2009.

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



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