

F16000001863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

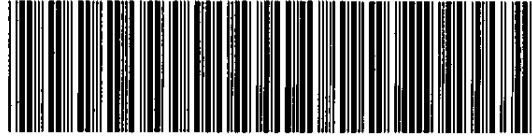
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 APR 19 PM 2:01

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Y SULKER

~~W16-26424~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 19 PM 4:08

TALLAHASSEE, FLORIDA

April 8, 2016

KRISTEN MAZZA
1149 BLOOMFIELD AVE, SUITE G
CLIFTON, NJ 07012

SUBJECT: SPRUCE TECHNOLOGY, INC.
Ref. Number: W16000026424

We have received your document for SPRUCE TECHNOLOGY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU NEED TO PUT THE NAME OF THE COMPANY ON LINE 1,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00007307

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spruce Technology, 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:

Kristen Mazza

Name of Person

Spruce Technology, Inc.

Firm/Company

1149 Bloomfield Ave, Suite G

Address

Clifton, NJ 07012

City/State and Zip code

kmazza@sprucetech.com

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

For further information concerning this matter, please call:

Kristen Mazza

Name of Person

at (862) 225-9302

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. Spruce Technology 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)
NJ 20-5656502

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/04/2006 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1149 Bloomfield Ave, Suite G, Clifton, NJ 07012

7. _____
(Principal office address)

(Current mailing address, if different)

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


Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607
(City) (Zip code)

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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.


Tom Glover/Manager/Northwest Registered Agent LLC
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Srini Chintalapudi

President: _____

264 Midland Ave, Suite G, Clifton, NJ 07012

Address: _____

Srini Penumella

Vice President: _____

7 Sachem Street, Waltham, MA 02451

Address: _____

Muttu Nagubandi

Secretary: _____

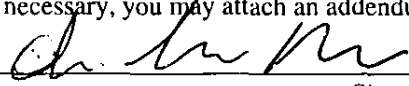
3516 Browntail Way, San Ramon, CA 94582

Address: _____

Treasurer: _____

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. Srini Chintalapudi

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

16 APR 19 PM 2:01

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

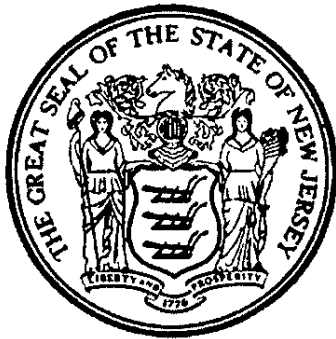
**SPRUCE TECHNOLOGY INC
0400148206**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 04, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SIRINIVAS PENUMELLA
264 MIDDLELAND AVE
UNIT 30
SADDLE BROOK, NJ 07663



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of February, 2016

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6036059162

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp