(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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Special Instructions to Filing Officer:				
j				

Office Use Only



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APR 2 5 2016

S. YOUNG



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallnassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 113151 7639750

AUTHORIZATION : Smell of and

COST LIMIT : \$ C/0.00

ORDER DATE: April 21, 2016

ORDER TIME : 9:41 AM

ORDER NO. : 113151-005

CUSTOMER NO: 7639750

#### FOREIGN FILINGS

NAME: SYMPLY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### COVER LETTER

то:	Registration Section Division of Corporations				
OLUD.	SYMPLY, INC.				
SORI	ECT:Na	ime of corporation	on - must include suffix		
Dear S	Sir or Madam:				
"Certi	iclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good Sta	anding" and check are sul		
Please Saabra	return all correspondence con- Jade	cerning this matt	er to the following:		
		Name o	f Person		
K&L (	Gates LLP				
Firm/Company					15
630 Hansen Way					三三
Address					8
Palo A	lto, CA 94304				
City/State and Zip code					+
saabra	ade@klgates.com	drace: (to be used	for future annual report	notification)	<u> </u>
			·	notification)	
For fu	ther information concerning the	nis matter, please	call:		
		650	798-6790		
	Name of Person	at ( Area Co	de Daytime Telep	hone 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		
Enclos	ed is a check for the following	amount:			
□ \$70		Filing Fee & ate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Co	of Status &

## 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. SYMPLY, 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) **DELAWARE** 47-5496514 (State or country under the law of which it is incorporated) (FEI number, if applicable) November 2, 2015 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 20410 Earl Street, Torrance, CA 90503 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee \_\_\_\_\_, Florida (City) 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: Melissa Zender (Registered agent's signature) 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. Nam	nes and business addresses of officers and/or directors:		
A. DIRE	ECTORS		
Chairman	Alex Grossman		
Address:	2052 248th Street, Lomita, CA 90717		
Vice Chai	irman:		
Director:	David MacKenzie	<del>   </del>	
Address:	1030 University Avenue, Palo Alto, CA 94301		
Director:			
		C17	~ 1 e
B. OFFI	ICERS	50 50 50	
President:	Alex Grossman	22	
	20410 Earl Street, Torrance, CA 90503	= <u>=</u>	- TT
Vice Presi	ident:		<u> </u>
Address: .			
Secretary:	David MacKenzie		
Address: .	20410 Earl Street, Torrance, CA 90503		
Treasurer:			
Address: _	20410 Earl Street, Torrance, CA 90503	<del></del>	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direct	tors.	
The office are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts s and that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in s.817.155. F.S.		

13. David MacKenzie, Director, Treasurer and Secretary of Symply, Inc.

Page 1

# **Delaware**

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYMPLY, 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 TWENTY-FIRST 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 "SYMPLY, INC."

WAS INCORPORATED ON THE SECOND DAY OF NOVEMBER, A.D. 2015.

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

16 /FR 22 PN 4: 03

Authentication: 202192216

Date: 04-21-16

5866645 8300 SR# 20162476582