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SECRETARY OF STATE
AND ASSET FLORIDA

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### **COVER LETTER**

TO:	Registration Section Division of Corporation								
~~	LEADCLII								
SUBJ	ECT:	Name (	of corporation	n - must	include suffix			<del></del>	
Door S	Sir or Madam:		•						
Dear S	on or wiadam.								,
"Certi	nclosed "Application ficate of Existence," referenced foreign c	or "Certificate	of Good Sta	nding" a	nd check are sul				
Please	return all correspon	dence concerni	ing this matte	r to the	following:				
Diana	Farace								
			Name of	Person					
Coast	Law Group, LLP								
			Firm/Cor	npany					
1140 S	outh Coast Hwy. 101					:	HS.	<b>=</b>	
			Addı	ess				<del>"</del>	
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For fu	rther information co	ncerning this m	atter, please	call:			DA F	94	
Diana	Farace .		760 at (	942-	8505				
	Name of Person		Area Coo	le	Daytime Telep	hone Numbe	r		
	•								
	Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 3	on rations enter Circle	S:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7			
Enclos	sed is a check for the	following amo	ount:						
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## 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.

poration; must include "INCORPORATED," " p," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
le in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Flor	rida)	
3			
under the law of which it is incorporated)	(FEI number, if applicable)		
f incorporation)	(Date of duration, if other than perpetual)		
Way, Carlsbad, CA 92009			
(Current mailing	address, if different)		
(Current mailing and address of Florida registered agent: (P.O.) Voorp Services, LLC	ATA AT	5 7	
address of Florida registered agent: (P.O.)	Box NOT acceptable)  TALLAHASSEE	FILE	
address of Florida registered agent: (P.O.) Vcorp Services, LLC  5011 South State Road 7, Suite 106	SECRETARY OF STALLAHASSEE, FI	FILEU	
	p," "Inc," "Co," or "Corp.")  le in Florida, enter alternate corporate name add  3 under the law of which it is incorporated)  5  f incorporation)  (Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502)  Way, Carlsbad, CA 92009	p," "Inc," "Co," or "Corp.")  le in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, if prior to registration)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	

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.

(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. DIRE	ECTORS		
Chairman:	Jon Gottfried		_
	6140 Innovation Way, Carlshad, CA, 92009	<del>-</del>	
Address:			_
Vice Chair	N/A irman:		- -
Address:			_
Director;	Jon Gottfried		- -
Address:	6140 Innovation Way, Carlsbad, CA 92009		-
Director:	N/A		-
			-
B. OFF	ICERS		-
President:	Jon Gottfried	AN 6	_
Address:	6140 Innovation Way, Carlsbad, CA 92009	蓝高	T
		SS 6	7
Vice Pres	N/A sident:	HIG 구	ָ ֖֖֖֓֞֝֞֝
		(SZ %	_
		<b>DATE</b>	
Secretary:	Jon Gottfried		_
Address:	6140 Innovation Way, Carlsbad, CA 92009		•
Treasurer	Jon Gottfried		_
Address:	6140 Innovation Way, Carlsbad, CA 92009		_
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
12	Falage	<del></del>	-
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S.	stated herein tate constitutes	
13	Gottfried, President	<u>-</u>	_
	CT-made an ample of many and approximate a Francisco and in the color of the color		

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LEADCLIENT, 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 JUNE, A.D. 2016.

SECRETARY OF STATE

a at corp delaware gov/auti

Authentication: 202531980

Date: 06-21-16

6071515 8300 SR# 20164565562