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Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CorelP Solutions, Inc.	
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good! above referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Brian E. Cote	
Name	of Person
CorelP Solutions, Inc.	
Firm/C	Company
200 Spectrum Center Drive, Suite 300	
A	ddress
Irvine, CA 92618	
City/Sta	te and Zip code
BCote@CorelPSolutions.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
	700 4474
Brian E. Cote at ( 949 Name of Person Area (	788-1171  Code Daytime Telephone Number
Name of Person Area C	Daytine reteptione 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 & ☐ \$87.50 Filing Fee, Certified Copy 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. CoreIP Solution	s, Inc.		
(Enter name of c	corporation: must include "INCORPORATED." or "Corp." "Inc." "Co," or "Corp.")	'COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Floric	
2. California			,
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 8/27/2009			
(Date	e of incorporation)	(Date of duration, if other than perpetual)	<u> </u>
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) enter Drive, Suite 300, Irvine, CA 92618	lorida, if prior to registration) 2. F.S., to determine penalty liability)	iii io
**	**************************************	office address)	<del></del> }
Same			<i>(</i> )
	(Current mailing	address, if different)	<u>.</u>
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O.  Registered Agents Inc.	Box <u>NOT</u> acceptable)	
Office Address:	3030 N. Rocky Point Dr. STE 150A		
	Tampa	Florida 33607	
	(City)	(Zip code)	
9. Registered age	ent'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 Agents Inc.

Bill Havre - 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:

#### A. DIRECTORS

13. Ronald C. Stephenson

Chairman:	Steven W. Wolfe	
Address: 2	200 Spectrum Center Drive, Suite 300	···· <del></del> -
<u>ir</u>	rvine, CA 92618	
Vice Chain	man: Brian E. Cote	<u>-</u>
Address: 2	200 Spectrum Center Drive, Suite 300	
In	vine, CA 92618	
Director: _F	Ronald C. Stephenson	
Address: 2	200 Spectrum Center Drive, Suite 300	
ļr 	rvine, CA 92618	and the
Director:	Mario A. Chang	 
Address: 2	200 Spectrum Center Drive, Suite 300	73
	rvine, CA 92618	23
B. OFFIC	CERS	
President:	Steven W. Wolfe - CEO	
Address: 2	200 Spectrum Center Drive, Suite 300	
<u> Ir</u>	rvine, CA 92618	
<del>Vice Presid</del>	Brian E. Cote - CFO	
Address: 2	200 Spectrum Center Drive, Suite 300	
ļ.	rvine, CA 92618	
Secretary:	Ronald C. Stephenson	
Address: 2	200 Spectrum Center Drive, Suite 300. Irvine, CA 92618	
Treasurer:	Brian E. Cote - CFO	
Address: 2	200 Spectrum Center Drive, Suite 300, Irvine, CA 92618	
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.
12.	Ronald C Stiplenson Signature of Director or Officer	- · · · · · · · · · · · · · · · · · · ·
The care	Signature of Director or Officer	stated harein
are true an	er 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 Stagree felony as provided for in s.817.155, F.S.	ite constitutes



#### **Additional Director Information for**

## Application By Foreign Corporation For Authorization To Transact Business In Florida

**Director: Sorin Chira** 

Address: 200 Spectrum Center Drive, Suite 300, Irvine, CA 92618

2525 Main St. - Irvine, CA 92614 Tel: (949) 788-1144

Fax: (949) 872-2840

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

COREIP SOLUTIONS, INC.

FILE NUMBER:

C3226108

FORMATION DATE:

08/27/2009

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 03, 2017.

ALEX PADILLA Secretary of State



Secretary of State Business Programs Division

1500 11th Street, 3rd Floor P.O. Box 944260 Secremento, CA 94244-2600

Certification and Records (916) 657-5448

#### **Fax Cover Letter**

To: BRIAN E COTE	
ATTN:	
Fax Number: 949-271-5594	
Number of Pages (including cover):	2
Entity Name(s) and/or Number(s):	COREIP SOLUTIONS INC

Message:	 <del></del>	

Note: This office cannot guarantee legible copies via fax. Copies to follow in mail.

From: Certification and Records **Business Entities Section** Date:

5/3/17

Operator: