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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 22 AM 9:07

M. MILLIGAN  
MAY 23 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATRINET 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:

ANKUSH SHARMA

Name of Person

ESCALON SERVICES INC

Firm/Company

2345 YALE STREET, FIRST FLOOR

Address

PALO ALTO, CA 94306

City/State and Zip code

ANKUSH.SHARMA@ACCELCIA.COM

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

For further information concerning this matter, please call:

ANKUSH SHARMA

650

695.3593

at ( )

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. ATRINET 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 3. 35-2497041

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 10, 2014

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6. MAY 01, 2017

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 545 NW 22 ST, MIAMI, FL 33127

(Principal office address)

2345 YALE STREET, FIRST FLOOR, PALO ALTO, CA 94306

(Current mailing address, if different)

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

Name: REBECA F YAKER, PA.

Office Address: 20700 WEST DIXIE HIGHWAY

AVENTURE 33180

(City)

, Florida

(Zip code)

**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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: EFRAIM LEVI  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

Vice Chairman: OHAD KAMER  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

Director: MEIR BEN-MOSHE  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

Director: SARAH LERCHE  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

**B. OFFICERS**

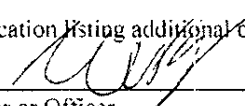
President: EFRAIM LEVI  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

Vice President: OHAD KAMER  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

Secretary: MEIR BEN-MOSHE  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

Treasurer: MEIR BEN-MOSHE  
Address: 2345 YALE STREET, 1ST FLOOR, PALO ALTO, CA 94306

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Meir Ben-Moshe   
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. MEIR BEN-MOSHE, SECRETARY  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATRINET 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 FIRST DAY OF MAY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATRINET INC." WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2014.

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 22 AM 9:07



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SR# 20172954913

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202465064

Date: 05-01-17