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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IVY MOBILITY 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:

RAJEEV PRABHAKAR

Name of Person

IVY MOBILITY INC

Firm/Company

100 OVERLOOK CENTER, 2ND FLOOR

Address

PRINCETON, NJ - 08540

City/State and Zip code

RAJIV@IVYMOBILITY.COM

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

For further information concerning this matter, please call:

RAJEEV PRABHAKAR

at (609)

529-9584

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. IVY MOBILITY 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. NEW JERSEY 3. 45-3594750
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/13/2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 100 OVERLOOK CENTER, 2ND FLOOR, PRINCETON, NJ 08540
(Principal office address)

(Current mailing address, if different)

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

Name: JONATHAN BARNETT

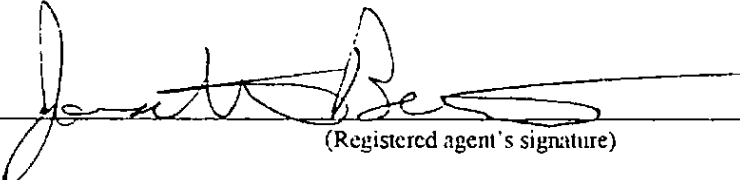
Office Address: 15916 SORAWATER DR

LITHIA , Florida 33547-3912
(City) (Zip code)

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17 OCT 31 AM 11:31
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: RAJEEV PRABHAKAR

Address: 100 OVERLOOK CENTER, 2ND FLOOR, PRINCETON, NJ 08540

Director: _____

Address: _____

B. OFFICERS

President: RAJEEV PRABHAKAR

Address: 100 OVERLOOK CENTER, 2ND FLOOR, PRINCETON, NJ 08540

Vice President: _____

Address: _____

Secretary: RAJEEV PRABHAKAR

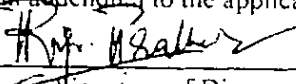
Address: 100 OVERLOOK CENTER, 2ND FLOOR, PRINCETON, NJ 08540

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. RAJEEV PRABHAKAR, CEO

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

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17 OCT 31 AM 11:52
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

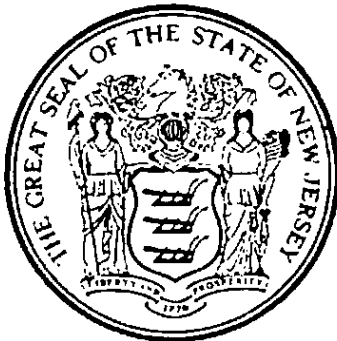
IVY MOBILITY INC
0400446690

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 13, 2011.

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:

**RAJEEV PRABHAKAR
100 OVERLOOK CENTER, 2ND FLOOR
PRINCETON, NJ 08540**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of October, 2017*

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6083456003

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/USP/Verify_Cert.jsp