Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (512)418-6949 Fax Number : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Foghorn Systems, Inc.

Certificate of Status	0
Certified Copy	0
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COVER LETTER

	stration Section ion of Corporations					
SUBJECT:	FOGHORN SYSTEMS, INC	3.				∯
SUBJECT.	Name	of corporation	ı - must	include suffix		1
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to the component of the comp	e of Good Stai	nding" a	nd check are sul	act Business in Fl bmitted to registe	orida," rthe
Please return	all correspondence concern	ing this matte	r to the i	following:		
Dana Moraly						
		Name of	Person			1
FOGHORN S	YSTEMS, INC.	•				
		Fim/Con	npany			
725 Arizona A	ive Ste 304					. 1
		Addr	-	·		1
Santa Monica,	, CA - 90401-1735		£			ij
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dana@hivedat						
	E-mail addres	s: (to be used	for futu	e annual report	notification)	,
For further in	formation concerning this	matter, please	call:			; <u>;</u>
Dana Moraly		at (460-	7905		.]
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Regis Divis Clifte 2661	EET/COURIER ADDRES stration Section sion of Corporations on Building Executive Center Circle shassee, FL 32301	SS:	٠	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclosed is a	check for the following ar	nount:				•
□ \$70.00 Fi	ling Fee	_		5 Filing Fee & fied Copy	S87.50 Fill Certificate Certified	e of Status &

DocuSign Envelope (D: 8782710C-2929-439F-A1EF-E2EA226BF05E

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. FOGHORN SYSTEMS, INC. 1. (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 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 11/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to dotermine penalty liability) 800 W EL CAMINO REAL STE 100 MOUNTAIN VIEW CA 9404 (Principal office address) 725 ARIZONA AVE STE 304 SANTA MONICA CA 90401 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Ģ (City) 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of provess 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.

C T Corporation System

Danny Verdecchia Assistant Secretary Ry:

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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DIRECTORS		1
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OFFICERS David King	1	
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Mountain View, CA 94040		
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720 UNIVERSITY AVENUE #200, PALO ALTO, CA 94301		_
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OTE to Maccessary, you may attach an addendum to the application list	ting additional officers and/or direc	ctors.
David C. King		
Signature of Director or Officer or director signing this document (and who is listed in number	cer er 11 above) affirms that the facts s	stated here:
e true and that he or she is aware that false information submitted in a c	document to the Department of Sta	te constitut
third degree felony as provided for in s.817.155, F.S.		Ц

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FOGHORN SYSTEMS, 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 SIXTH DAY OF NOVEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5580986 8300 SR# 20176940624

You may verify this certificate online at corp.delaware.gov/authver.shtml

Justiney W. Buddicks, Encoderry of State

Authentication: 203518819

Date: 11-06-17