## F77000005350

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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October 4, 2017

LORINDA OLSON 6540 CENTRAL AVE NEWARK, CA 94560

SUBJECT: SOFTIRON, INC Ref. Number: W17000078667

We have received your document for SOFTIRON, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$800.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II



Letter Number: 617A00020067

## **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: SOFTITON, INC	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Lorinda Olson	
Name of I	<b>.</b>
SOFTION, INC	三 一
	pany · · · · · · · · · · · · · · · · · · ·
6540 Central Avenue	
Addre	SS 3-
Newark, CA 94560 City/State an	F
	a zip coae .
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	
Lokinda Olson at 360	3836-7616
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 & \$87.50 Filing Fee. Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EIGN CORPORATION TO TRANSAC			
1. <u>50-</u>	FHIYOU INC rporation; must include "INCORPORATE	TO " "COMPANY " "C	CORPORATION"	_
	rp." "Inc." "Co." or "Corp.")	D, COMPANT, C	ORFORATION,	
(If name unavailat	ole in Florida, enter alternate corporate na	me adopted for the purp	ose of transacting business in Florida	<u> </u>
2. Dela	aware	3. 46-1	001294	
	under the law of which it is incorporated)	(F	El number, if applicable)	<del>_</del>
4	13/2012 of incorporation)	5. (Data of d	luration, if other than perpetual)	_
Q.L.	U/ 2015	(Date of d	aration, it other than perpetual)	
6	(Date first transacted busine			_
1.6110	(SEE SECTIONS 607.1501 & 60		ne penalty liability)	
7. <u>0590</u>	(entral Avenu	ncipal office address)	-, CH 9/9/2013	
Sarr	le		* 14. 21.	
	(Current m	ailing address, if differe	nt)	117
8. Name and street	address of Florida registered agent:	(P.O. Box NOT accep	ے۔ بر ptable)	
Name:	Registered Agents Inc.	·		
Office Address:	3030 N. Rocky Point Dr. STE	150A		
	Tampa	. Florida 33	607	
	(City)		Zip code)	
). Registered age				
	ed as registered agent and to accept s application, I hereby accept the appo			
**	mply with the provisions of all statut miliar with and accept the obligation			`my
	Registered Agents Inc.			
	Bel Hame	Bill Havre	- Assistant Secre	
<del></del>	(Registe	red agent's signature)	<del></del>	

3. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to e Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ider the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: \_ 6540 Avenue Avenue Newark Address: \_\_\_\_\_ B. OFFICERS President: TIM 94560\_\_\_\_ OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer he officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein e true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S. (Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "SOFTIRON 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 EIGHTEENTH DAY OF SEPTEMBER, 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 "SOFTIRON INC"

WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2012.

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

Authentication: 203244238

Date: 09-18-17

5212782 8300 SR# 20176113519