

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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02/16/18--01016--020 **70.00

FILED 18 FEB 16 PN 4: 28 SECRETARY OF STATE ALLANASSEE, FLORIDA

COVER LETTER

TO:	Registration Section
	Division of Corporations
	CLOUDISTICS INC.

SUBJECT: _____

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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: JENNIFER HALSTEAD

CLOUDISTICS INC.	Name	of Person	
GEOUDISTICS INC.			
2000 EDMUND HALLEY DR, S		Company	
RESTON VA 20191	A	ldress	
JENNIFER@CLOUDISTICS.C		e and Zip code	
E	E-mail address: (to be us	ed for future annual repo	rt notification)
For further information con	cerning this matter, plea	se call:	
JENNIFER HALSTEAD	703	286-5321	
	at (
Name of Person	Area (Code Daytime Tel	lephone Number
STREET/COURI			ADDRESS:
Registration Section		Registration	
Division of Corpora Clifton Building	itions	P.O. Box 6	Corporations
2661 Executive Cer Tallahassee, FL 32			2, FL 32314
Enclosed is a check for the	following amount:		
S70.00 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.

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	propration: must include "INCORPORATED."	COMPANY," "CORPORATION	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)
DELAWARE	3		
(State or country	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
03/01/2013			
ŧ	of incorporation) 5		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
5.			
	(Date first transacted business in F		
	(SEE SECTIONS 607.1501 & 607.1502		ity)
	VALLEY DR, SUITE 210 RESTON VA 20191		
		office address)	F. T. T.
2000 EDMUNE	HALLEY DR. SUITE 600, RESTON VA 2019		
·····	(Current mailing	address, if different)	<u> </u>
	(C		HOF P
			51.0
8. Name and <u>stree</u>	t address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	RIDE 28
Name:	C T Corporation System		7. 00
. turre .	1200 South Pine Island Road		
Office Address:			
	Plantation	33324	
		, Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

CLOUDISTICS INC.

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.



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

NAJAF HUSAIN Chairman:

	11600 SUNRISE VALLEY DRIVE, SUITE 210
Address:	

RESTON, VA 20191

TODD FREDRICK

11600 SUNRISE VALLEY DRIVE, SUITE 210

RESTON, VA 20191

J. BENJAMIN NYE Director:

Address:

Address:	11600 SUNRISE VALLEY DRIVE, SUITE 210	
-	RESTON, VA 20191	E E
Director:	SRINIDHI VARADARAJAN	SS ID
Address:	11600 SUNRISE VALLEY DRIVE, SUITE 210	En on PH
Audress.	RESTON, VA 20191	

B. OFFICERS

NAJAF HUSAIN
President:

Address:

RESTON, VA 20191

TODD FREDRICK

Address: ______Address: ______

RESTON, VA 20191

NAJAF HUSAIN

Secretary:

Address:

11600 SUNRISE VALLEY DRIVE, SUITE 210, RESTON, VA 20191

TODD FREDRICK

Treasurer:

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.

TODD FREDRICK



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "CLOUDISTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIRST DAY OF MARCH,

A.D. 2013, AT 12:29 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "NFI SOFTWARE INC." TO "ADAPTIVEAPPS INC.", FILED THE THIRD DAY OF JULY, A.D. 2013, AT 3:03 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTIETH DAY OF SEPTEMBER, A.D. 2013, AT 5:26 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ADAPTIVEAPPS INC." TO "CLOUDISTICS, INC.", FILED THE TENTH DAY OF SEPTEMBER, A.D. 2014, AT 5:12 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2015, AT 5:09 O'CLOCK P.M.



. Secretary of State Jartes - Vi Budles

Authentication: 203709565 Date: 12-07-17

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SR# 20177448536 You may verify this certificate online at corp.delaware.gov/authver.shtml