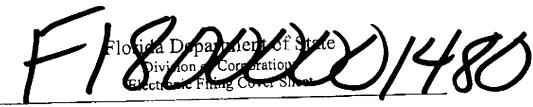
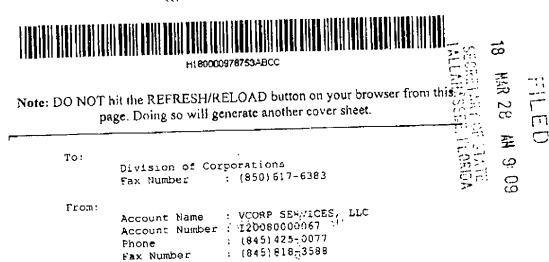
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000097875 3)))



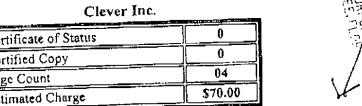
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION



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Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00



We approve the penalty of \$950 to also be charged to our

⊱SunBiz account. Thank you

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Corporate Filing Menu

Help

03/28/2018 14:37 850-617-6381 (FAX)845 818 3588 3/28/2018 9:54:37 AM PAGE 1/001 Fax Server

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March 28, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: CLEVER LABS INC.

REF: W18000029708

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$950.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Judy A Leggett Regulatory Specialist II Registration Section FAX Aud. #: H18000097875 Letter Numbar: 218A00006196

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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.

	<u>•</u>	"CORPORATION!" C'U.
Enter name of cor 'lnc.," "Co.," "Cor	poration; must include "INCORPORATED, p," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
Clever Labs Inc.		Thirds 7
(If name unavailab	le in Florida, enter alternate corporate name	adopted for the nurpose of transacting business in Florida).
Delawate	3	10.00
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
05/04/2012	5	(Date of duration, if other than perpetual)
(Date o	of incorporation)	(Date of duration, if other than perpetual)
11/30/2015		in Florida, if prior to registration)
1263 Mission Stre	et, San Francisco, CA 94103	1502, F.S., to estermine penalty liability)
	(Prim	cipal office address)
	·,	
	(Current ma	iling address, if different)
Name and stree		
	(Current ma t address of Florida registered agent: () Voorp Services, LLC	
. Name and <u>stree</u> Name:	t address of Florida registered agent: () Veorp Services, LLC	
Name:	t address of Florida registered agent: (Veorp Services, LLC 5011 South State Road 7, Suite 106	
Name:	t address of Florida registered agent: (I Voorp Services, LLC 5011 South State Road 7, Suite 106 Davie	
Name:	t address of Florida registered agent: (Veorp Services, LLC 5011 South State Road 7, Suite 106	
Name: Office Address:	t address of Florida registered agent: (Vcorp Services, LLC 5011 South State Road 7, Suite 106 Davie (City)	P.O. Box NOT acceptable) 33314 Florida (Zib code)
Name: Office Address: 9. Registered ag Having been nan designated in this	t address of Florida registered agent: (1 Veorp Services, LLC 5011 South State Road 7, Suite 106 Davie (City) ent's acceptance: and as registered agent and to accept so application, I hereby accept the appoint	P.O. Box NOT acceptable) 33314 Florida (Zib code) ervice of process for the above stated corporation at the plantment us registered agent and agree to act in this capacity are relative to the proper and complete performance of my
Name: Office Address: 9. Registered ag Having been nan designated in this	t address of Florida registered agent: (1 Vcorp Services, LLC 5011 South State Road 7, Suite 106 Davie (City) ent's acceptance: and as registered agent and to accept so	P.O. Box NOT acceptable) 33314 Florida (Zib code) ervice of process for the above stated corporation at the plantment us registered agent and agree to act in this capacity are relative to the proper and complete performance of my
Name: Office Address: 9. Registered ag Having been nan designated in this	t address of Florida registered agent: (1 Veorp Services, LLC 5011 South State Road 7, Suite 106 Davie (City) ent's acceptance: and as registered agent and to accept so application, I hereby accept the appoint	P.O. Box NOT acceptable) 33314 Florida (Zib code) ervice of process for the above stated corporation at the plantment us registered agent and agree to act in this capacity are relative to the proper and complete performance of my

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.

II. Name	es and business addresses of officers and/or directors:		
A. DIRE	CTORS	n.	
Chairman:			
Address:			
_		ie .	
Vice Chair	rman:		
			
			_
Director:			
	1263 Mission Street, Sun Francisco, CA 94103		0
Manicos.			-
	Kevin Laughlin		7 2
	1263 Mission Street, San Francisco CA 94103	M.	
Address:		\tilde{f} .	0
- 055			09
B. OFF	FICERS Tyler Bosmeny		5 7
President	1263 Mission Street, San Francisco, CA 94103		
Address:			
Vice Pre	esident:		
Address			
	Rufael Garcia		
Secretar	y: 1263 Mission Street, San Francisco, CA 94103		
	S:		
Treasur	er:		
Address	s:		ectors.
NOTE	2: If necessary, you may attach an addendum to the application	listing additional officers and/or an	
12.	Signature of Director or C	771:23F	ctated herein
The of	Signature of Director or Conficer or director signing this document (and who is listed in number and that he or she is aware that false information submitted in	uner 11 above) affirms that me facts i a document to the Department of S	late constitutes
	te and that he or she is aware that 1215e information on small tegree felony as provided for in s.817.155, F.S.	,	
T_1	vier Bosmany	on signing application)	
	(Typed or printed name and capacity of person	Su arBund akk	

