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(Address)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:June 28, 2018	Accounter, 120000000000
Name: Marisa Kugelmann	
Reference #: D319564	
Entity Name: CLOUDAPP INC.	_
✓ Articles of Incorporation/Authorization to Transact Busine	SS
Amendment	
☐ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other Certified Copy and Certificate of Statu	s upon filing
Authorized Amount: \$87.50	
Signature: Mausad P	

CORPORATE HO

COGENCY GLOBAL INC. 10 E 40 - \$1,10 FFL NY, NY 10016 800.271.0102 +1,212.947,7700 EUROPEAN HO

COG NOY GLOBAL (UP) LIMITED REGISTERS HENCLAND S WALES HER US MARKS, HEL LONDON ECSA 784 -44 (0)20.3786.1090

@ ASIA PACIFIC HQ

COGNOTOR (HK) HMRED AHORGADAG MEDOAME TO COMPANY INFINITUS PLAZA, 12 TEL 199 DES YOLUX RD CENTRAL HONG KONG (KNG) (KNG)



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

COVER LETTER

TO:	Registration Se Division of Co					
SUB	SUBJECT: CloudPlus, Inc.					
502		Nan	ne of corpora	ition - mus	st include suffix	<u>.</u>
Dear	Sir or Medam:					
"Cert		ce," or "Certific	ate of Good	Standing"	and check are sub	ct Business in Florida," omitted to register the
Please	e return all corres	pondence conce	rning this m	atter to the	following:	
			Chinh Tr	an-Mito	chell	
			Name	of Person	1	, , ,
		Acc	æleron L	aw Gro	up, LLP	
			Firm/	Company		
		1550	The Ala	meda, S	Suite 207	
			A	ddress		
		,	San Jose	e, CA 95	5126	
	"		City/Sta	te and Zip	code	
			nnie@acc			
		E-mail addr	ess: (to be u	sed for fut	ure annual report	notification)
For fu	uther information	concerning this	s matter, plea	ase call:		
	Chinh Tran-	Mitchell	_ at (_ 65	50 ₁	489-0	850
	Name of Perso	on	Area		Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	Tallahassee, Fl				, s., amoreo, t	ar water a T
Enclo	sed is a check for	the following a	mount:			
□ \$7	0.00 Filing Fee		ling Fee & te of Status		75 Filing Fee & ified Copy	S87.50 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.	CloudPlus	s, Inc.	
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	CloudA	ppInc.	
(If name unavaila	ible in Florida, enter alternate corporate name ad	lopted for the purpose of transacting b	ousiness in Florida)
2.	Delaware 3		
(State or country	Delaware y under the law of which it is incorporated) 3.	(FEI number, if applie	cable)
4	July 14, 2015 5		
(Date	of incorporation)	(Date of duration, if other tha	in perpetual)
6.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150		
7.	548 Market St. #35577, San	Francisco, CA 94104	T. g. 🕳
	(Principal	office address)	E T
	(Current mailing	address, if different)	
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	57, 9
Name:	COGENCY GLOBAL INC.		- - 0
Office Address:	115 North Calhoun Street, Suite 4	<u>. </u>	ŕ
	Tallahassee	, Florida32301	
	(City)	(Zip code)	

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.

Justin Woods, Asst. Secretary

(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 busine	ess addresses of officers and/or directors: $\frac{F/LED}{}$
A. DIRECTORS	ess addresses of officers and/or directors: 18 SVA N/A N/A
	N/A ATTACAM 8
Address:	
Vice Chairman:	N/A
Address:	
Director:	Tyler Koblasa
Address:	548 Market St. #35577
	San Francisco, CA 94104
Director:	Preetish Nijhawan
Address:	705 Farest Avenue
	Palo Alto, CA 94301
B. OFFICERS	
President:	Tyler Koblasa
Address:	E40 Montral Ct. #05577
	San Francisco, CA 94104
Vice President:	N/A
	Tyler Koblasa
Secretary:	548 Market St. #35577, San Francisco, CA 94104
Address:	Tyler Koblasa
Treasurer:	548 Market St. #35577, San Francisco, CA 94104
Address:	
	you may attach an addendum to the application listing additional officers and/or directors.
are true and that he or	Signature of Director or Officer signing this document (and who is listed in number 11 above) affirms that the facts stated herein she is aware that false information submitted in a document to the Department of State constitutes s provided for in s.817.155, F.S.
13	Tyler Koblasa
	(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 "CLOUDPLUS, 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOUDPLUS, INC."

WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 2015.

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

18 JUN 28 AM 8: 18



Authentication: 202971505

Date: 06-27-18

5784753 8300 SR# 20185402877