# F/800005257

(Requestor's Name)							
(Address)							
(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:							





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FILED
2018 HOY 16 AM IO: OO
SECRETARY OF STATE

TE NOV 16 AM ID: 33

11-19-18

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 481006 71

AUTHORIZATION : Spelle Bear

COST LIMIT : \$ 78.75

ORDER DATE: November 12, 2018

ORDER TIME : 11:50 AM

ORDER NO. : 481006-005

CUSTOMER NO: 7185439

#### FOREIGN FILINGS

NAME: PERFECT SENSE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO:	Registration Sec Division of Corp				
CUDI	Perfect Ser				
SUBJI	ECI:	Name of c	orporation -	must include suffix	<del></del>
Dear S	ir or Madam:				
"Certif	icate of Existence		Good Standi	ng" and check are sub	ct Business in Florida," mitted to register the
Please Linh St	•	ondence concerning	this matter to	the following:	
		<del></del>	Name of Pe	rson	
Cooley	LLP				
			Firm/Compa	ıny	
11951	Freedom Drive, 16t	h Floor			
			Address		
Reston.	, VA 20190				
			ity/State and	•	
accoun	ting@perfectsensed	igital.com; amanda@p			
		E-mail address: (to	o be used for	future annual report i	notification)
For fur	ther information o	oncerning this matte	er, please cal	<b>l</b> :	
Linh Su		703			
	Name of Person		Area Code	Daytime Telep	hone 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	
Enclose	ed is a check for t	he following amoun	t:		
<b>□</b> \$70	0.00 Filing Fee	S78,75 Filing For Certificate of S		\$78.75 Filing Fee & Certified 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.

Perfect Sense, Ir			
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	l."
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)
Delaware	3	14289291	
	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
10/31/2016	5		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
Upon filing.			
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		iv)
12120 Sunset Hill	ls Road, 6th Floor, Reston, VA 20190	i. 1 .5 to determine penanty maoni	<b>G</b> )
	(Principal	office address)	
	•	,	
	(Current mailing	address, if different)	ALL 2018
			AHE TO
. Name and stree	t address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	ASS ASS
Name:	Corporation Service Company		IB NOV LO AM 10: 00 ECRETARY OF STATE LLAHASSEE, FLORIDI
Office Address:	1201 Hays Street		LOS IO:
	Tallahassee		<u>8</u>
	(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.

Emily Croft

Asst. Vice President

(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.

Address:  Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addressum 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.  13.   Address:	A. DIRECTORS		
Address:  Director:  Address:  B. OFFICERS  See attachment  President:  Address:  Vice President:  Address:  Vice President:  Address:  Vice President:  Address:  Teasurer:  Address:  Treasurer:  Address:  Treasurer:  Address:  Treasurer:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Treasurer:  Address:  Addr	See attachment Chairman:		_
Note Chairman  Address:  Director:  Address:  B. OFFICERS  President:  Address:  See attachment  President:  Address:  Vice President:  Address:  See attachment  President:  Address:  President:  Address:  See attachment  President:  President:  Address:  See attachment  President:  Pres		· · · · · · · · · · · · · · · · · · ·	_
Vice Chairman  Address:  Director:  Address:  B. OFFICERS  See attachment  President:  Address:  Vice President:  Address:  Vice President:  Address:  See attachment  President:  Address:  President:  Figure  Secretary:  Address:  Secretary:  Address:  Figure  Secretary:  Address:  Freesaurer:  Ad	Address:	<del> </del>	
Address:  Director:  Address:  B. OFFICERS  See attachment  President:  Vice President:  Vice President:  Officers:  Secretary:  Address:  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.  Alfred Garca COO			_
Director:  Address:  B. OFFICERS  See attachment  President:  Address:  Vice President:  Address:  Secretary:  Address:  Secretary:  Address:  Secretary:  Address:  Treasurer:  Address:  Treasurer:  Address:  Treasurer:  Address:  Treasurer:  Address:  Add	Vice Chairman:		_
Director:  Address:  B. OFFICERS  See attachment  President:  Address:  Vice President:  Address:  Secretary:  Address:  Secretary:  Address:  Secretary:  Address:  Treasurer:  Address:  Treasurer:  Address:  Treasurer:  Address:  Treasurer:  Address:  Add	Address:		
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Address:  See attachment  Vice President:  Vice President:  Vice President:  Object  Address:  Descretary:  D	Address:		_
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See attachment  Address:  Vice President:  Address:  Nodress:  Note President:  Nodress:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach an addoctor 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.  Alfred Garca COO			_
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Vice President:  Vice President:  Vice President:  Vice President:  Oddress:  Secretary:  Address:  Freasurer:  Address:  In 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.  If ed Garca COO	See attachment	$oldsymbol{oldsymbol{oldsymbol{eta}}}{oldsymbol{oldsymbol{eta}}}$	63
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a third degree felony as provided for in s.817.155, F.S.  Hered Garcia COO	The officer or director signing this document (and who i	s listed in number 11 above) affirms that the facts stated herein	
Alfred Garcia COO		a submitted in a document to the Department of State constitute	5
IS		Carria (M	
(Typed or printed name and capacity of person signing application)	is. "HITEA	<u> </u>	_

11. Names and business addresses of officers and/or directors:

## Attachment to Application By Foreign Corporation for Authorization to Transact Business in Florida

The below officers and directors has the following business address:

c/o Perfect Sense, Inc. 12120 Sunset Hills Road, 6th Floor Reston, VA 20190

#### **OFFICERS:**

David Gang - Chief Executive Officer

David Gang - President

David Gang - Secretary

Kami Ragsdale - Chief Financial Officer

Alfred Garcia - Chief Operating Officer

#### **DIRECTORS:**

David Gang

Marc McMorris

Matt McConnell

Raul Fernandez

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PERFECT SENSE, 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 FIFTH DAY OF OCTOBER, 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 "PERFECT SENSE, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2016.

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

Authentication: 203562111

Date: 10-05-18