(Requestor's Name)
(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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2019 MAY 31 PH 4: 21
SECRETARY OF STATE
TALLAHASSEE, FI GRID!

FILED

19 HAY 31 PM II. I

Y SCOTT JUN 0 3 2019 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 786359 7730580

AUTHORIZATION : TALLAR SECURETARY 31 PH LIZE TARY 31 P

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
\_\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

XXXX QUALIFICATION (TYPE: CO)

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

_	stration Section sion of Corpor							
SUBJECT:	NSS Labs, Inc	<b>.</b> .						
			tion	- must include suffix				
Dear Sir or N	Aadam:							
"Certificate of above referen	of Existence," nced foreign con all correspond	by Foreign Corporation or "Certificate of Good orporation to transact but the concerning this managed by the concerning this managed.	Stanusine:	ding" and check are sul ss in Florida.	omitted to TALLAHA:	regist SECRE IA	er the 2019 HAY	
		Name	e of F	Person	SEI	), , , , ,	<del></del>	-
NSS Labs, Inc	<b>:</b>				7		P <b>H</b> 4:	
3711 South M	oPac Expy, BLD	Firm/ G 1 - #400	Com	pany	LORIO	STATE	<b>↓</b> : 21	$\cup$
		Α	ddre	SS	<u></u>			
Austin, TX 787	746							
<del></del> -		City/Stz	ite ar	nd Zip code			<u> </u>	<del></del>
accounting@r	sslabs.com							
		E-mail address: (to be u	sed fe	or future annual report	notificatio	n)		
For further in	nformation con	cerning this matter, plea	ase ca	all:				
Rachel LaVelle	e	at ( <sup>512</sup>		1 498-7069				
Narr	ne of Person	Area	Code	Daytime Telep	hone Num	ıber	_	
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 Fi	lingFee 🖪	\$78.75 Filing Fee & Certificate of Status	٥	\$78.75 Filing Fee & Certified Copy			e of St	e, tatus &

## 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.	NSS Labs, Inc.						
	(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATI	ON,"		<del></del>
	(If name unavai	lable in Florida, enter alternate corporate na	me	adopted for the purpose of transac	ting business in	Floric	da)
o Delawara				61-1529732			·
(State or co		try under the law of which it is incorporated)	٦.	(FEI number, if applicable)			
4.	3/21/2007				шррподоле)		
(Date of incorporation)		5.	(Date of duration, if other		13	<u>_</u>	
۲.	5/31/2019			(Date of diffation, if other	er than perpetu	BI)	
7. <u>3/</u>	/11 South MoPa	ac Expy, BLDG 1 - #400 Austin, TX (Prin		al office address)	SECRE	16103	
		•		g address, if different)	KETARY AHASSE	019 HAY 31	
3. N	lame and stree	et address of Florida registered agent: (F	2.0	. Box NOT acceptable)	E OF	<u></u> 0	$\Box$
	Name:	Corporation Service Company			: STATE FLORIDA	PM 4: 2	
Offi	ce Address:	1201 Hays Street		· <del></del>	TEA	21	
		Tallahassee		, Florida			
_	_	(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.

By: (Registered ment's singular)	Roxanne Turner 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.

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

A. DIR	ECTORS				
Chairmar	Peter Klante /				
Address:	1200 Barton Creek Blvd, #62				
	Austin, TX 78735				
Vice Cha	irman: Vikram Phatak				
Address:	3711 South MoPac Expy, BLDG 1 - #400				
	Austin, TX 78746				
Director:	Venu Shampant 🗸				
Address:	805 Las Cimas Pkwy, Suite 125				
	Austin, TX 78746				
Director:	David Schaller ✓			<del></del>	
Address:	4514 Cole Ave #1225	TASS	20	<u>-</u> .	
	Dallas, TX 75205	CRE L'AH	/H 6		
B. OFF	ICERS	ASSI ASSI	Y 3		
President	Jason Brvenik 🗸	الله التاريخ المركز	70	, 	
Address:	3711 South MoPac Expy, BLDG 1 - #400	STA LOR	4:	Q.	
	Austin, TX 78746	TE DA	21		
Vice Pres	ident:		_		
Address:					
Secretary	Susan Bollinger				
Address:	3711 South MoPac Expy, BLDG 1-#400 Austin, TX 78746				
Treasurer					
Address:					
	If necessary, you may attach an addendum to the application listing additional or	fficers and	d∕or dire	ectors	
12		incers and	wor dire		
The offic are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affind that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.	Departme	ne facts nt of St	stated herei ate constitut	n tes
13	(Typed or printed name and capacity of person signing application	(	<u>'C</u>	<del> </del>	
	the contract of the contract o	,			

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

A. DIRECTORS

Director: William Bock

Address: 210 Lavaca Street, #2502 Austin, TX 78701

SECRETARY OF STATE

TILED



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

DELAWARE, DO HEREBY CERTIFY "NSS LABS, 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 THIRTIETH DAY OF MAY, A.D. 2019.

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

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

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2007.

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





Authentication: 202929650

Date: 05-30-19