## FRECOUSIS

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
| Continuates of Status                   |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2019

ROBERT FONG 3065 SKYWAY COURT FREMONT, CA 94539

SUBJECT: RAVENSWOOD SOLUTIONS, INC.

Ref. Number: W19000057659

We have received your document for RAVENSWOOD SOLUTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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.

Yvette Scott Document Specialist II

Letter Number: 619A00012248

RECFIVED
JUL 0 8 2019

www.sunbiz.org

## **COVER LETTER**

| TO:     | Registration Section<br>Division of Corpora   |                    |                    |           |  |   |   |
|---------|---|--------------------|--------------------|-----------|--|---|---|
|         | RAVENSWO  | OD SOLUTION        | S. INC.            |           |  |   |   |
| SUBJ    | ECT:  | Name of            | согроганов         | - must i  | nelude suffix  | <u></u>                                       |   |
| Dear S  | in or Madam:  |                    |                    |           |  |   |   |
| "Certif | nclosed "Application b<br>ficate of Existence." c<br>referenced foreign co  | i "Certificate (   | of Good Stan       | ding" ai  | nd check are subi  |   |   |
| Freasc  | retain ali correspond   | льсе сопсетии      | g this matter      | to the i  | tollowing:   | <del>-</del> :                                |   |
| Robert  | Fong  |                    |                    |           |  | 2019<br>ALL                                   |   |
| Raven   | swood Solutions, Inc.   |                    | Name of I          | Person    |  | <b>2019 JUL -8</b><br>SEC: TX-7:<br>ALLAHASSI |   |
|         |   |                    | Firm Com           | pany      | · · · · · · · · · · · · · · · · · · ·  |   | m |
| 3065 S  | kyway Court   |                    |                    |           |  | PM 4: 49                                      |   |
|         |   |                    | Z Z Z Z Z<br>Addre | <br>88    |  | 25 - <b>5</b>                                 |   |
| Fremoi  | nt. CA 94539  |                    |                    |           |  |   |   |
|         |   |                    | City/State ar      | id Zip c  | ode  | <del></del> <del></del>                       |   |
| rob.for | ng@ravenswoodsolution   | s.com              |                    |           |  |   |   |
|         | — — — — — — — — — — — — — — — — —   | -mail address:     | (to be used fo     | or future | e annual report n  | otification)                                  |   |
| For fui | ther information conc   | erning this ma     | iter, please e     | all:      |  |   |   |
| Robert  | Fong  |                    | 650                | 646       | 3489   |   |   |
|         | Name of Person  | il                 | t ( <u> </u>       |           | Daytime Lefeph   |   |   |
|         | STREET/COURTE<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2001 Evecutive Cen<br>Tallahassee, F1 322 | nons<br>ier Circle |                    |           | MAHANG AI<br>Registration Sc<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, FI | rction<br>rperations                          |   |

 $\square$  870 00 Filmg Fee  $\otimes$  .  $\square$  878.75 Filmg Fee  $\otimes$  .  $\square$  8578 Filmg Fee  $\otimes$  .  $\square$  887 50 Filmg Fee.

Enclosed is a check for the following amount:

## 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.

| (Enter name of co  | O SOLUTIONS, INC.  Orporation; must include "INCORPORATED," | COMPANY, "CORPORATI                                       | ON,"                        | <del></del> |
|--------------------|---|---|-----------------------------|-------------|
| "Inc.," "Co.," "Co | orp." "Inc." "Co," or "Corp.")                              |   |                             |             |
|                    |   |   |                             |             |
|                    |   |   |                             |             |
| (If name unavaila  | ble in Florida, enter alternate corporate name ad           | opted for the purpose of transac                          | cting business in Fl        | lorida)     |
| Delaware           |   | 7-2893226   |                             |             |
|                    | y under the law of which it is incorporated)                | (FEI number, if applicable)                               |                             |             |
|                    | under the law of which has incorporatedy                    | <b>(</b> - <b>-</b> · · · · · · · · · · · · · · · · · · · | ••                          |             |
| Jan 9, 2015        | 5   |   |                             | <del></del> |
| (Date              | of incorporation)   | (Date of duration, if ot                                  | ner (nan perpetuat)         | ,           |
| June 15, 2019      |   | <u>-</u>  |                             |             |
| •                  | (Date first transacted business in F                        | lorida, if prior to registration)                         |                             |             |
|                    | (SEE SECTIONS 607.1501 & 607.150                            | 2, F.S., to determine penalty lia                         | bility)                     |             |
| 3065 Skyway Cou    | art Fremont, CA 94539                                       |   | 7× 28                       |             |
| ·                  | (Principal  | office address)   | ALLAHA<br>ALLAHA            |             |
|                    |   |   |                             | 1           |
| -                  | (Current mailing  | address, if different)                                    | -8<br>(SSI)                 |             |
|                    | girthi manng  | address, if different                                     | LD =                        | щ           |
|                    |   | + NOT (11)  |                             |             |
| . Name and stree   | address of Florida registered agent: (P.O.                  | Box NOT acceptable)                                       | M 4: 49<br>STATE<br>FLORIDA | $\cup$      |
| <b>X</b> 1         | CT Corporation System                                       |   |                             |             |
| Name:              |   | <b></b>   |                             |             |
| Office Address:    | 1200 South Pine Island Road                                 |   |                             |             |
|                    | Plantation  | 33324   |                             |             |
|                    |   | , Florida<br>(Zip code)                                   |                             |             |
|                    | (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.

> Christine Kelm Christine Kelm
> Assistant 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 pusiness addresses of officers and or directors:

| A. DIR               | ECTORS   |   |   |
|----------------------|--|---|---|
| Charman              | Stephen Ciesinski  |   |   |
| Address:             | 333 Ravenswood Ave   |   |   |
|                      | Menlo Park. CA 94025   |   |   |
| Vice Cha             | Director: Alan Stewart   |   |   |
| Address.             | 3065 Skyway Court  |   |   |
|                      | Fremont, CA 94539  |   |   |
| Director<br>Address: | John Prausa  |   |   |
|                      | 3065 Skyway Court  |   |   |
| , marcas             | Premont, CA 94539  |   |   |
| Director:            | Christopher Gaertner   |   |   |
|                      | 3065 Skyway Court  | 7 2   |   |
| Address              | Fremont, CA 94539  | 77 JL 61 JL   |   |
| B. OFF               | ICERS  | L-8<br>HASS   |   |
| President            | Daniel R Donoghue  | P m   |   |
| Address              | 3065 Skyway Court  | L STA   |   |
| •                    | Fremont, CA 94539  | DM <b>9</b>   |   |
| Vice Pres            | ident:   |   |   |
| Address              |  |   |   |
| Secretary            | Melissa A O'Connor   |   |   |
| Address.             | 3065 Skyway Court<br>Fremont CA 94539  |   |   |
| Treasurer            | ·  |   |   |
| Address              |  |   | - |
| NOTE:                | It necessary, you may attach an indiendum to the application listing a   |   |   |
| 12.                  | Signature of Director or Officer   | TIPS.Iden.1_/_ (2000_   | - |
| are true             | cer or director signing this document (and who is listed in number 11 and that he or she is aware that false information submitted in a document of flows as provinced for in \$ \$17,155,188. | above) affirms that the facts stated here menero to the Department of State constitu- |   |
| Dan                  | iel R Donoghue   | oident / CEC  |   |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "RAVENSWOOD SOLUTIONS, 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 FOURTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAVENSWOOD SOLUTIONS, INC." WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2015.

STATE SHA H: 49

FILED

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SR# 20191770739

Authentication: 202442469

Date: 03-14-19