(Requestor's	Name)			
(Address)				
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(City/State/Z	ip/Phone #)			
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MEMJET US SERVICES INC
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
MARIA FREDRICKSON 300 0
Name of Person
MEMJET US SERVICES INC
Firm/Company
10918 TECHNOLOGY PLACE
Address
SAN DIEGO, CA, 92127
City/State and Zip code
HARIA. FREDRICKSONO MEINET. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA FREDRICKSON at (BSB) 207-9749 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certificate of Status & Certified Copy 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.	MEMJET	us	SERVICES	PAC					_
	(Enter name of con "Inc.," "Co.," "Con	poration; mu p," "Inc," "C	st include "INCOR o," or "Corp.")	PORATED," "(COMPANY.	" "CORPORATION,"			
	(If name unavailabl	le in Florida	enter alternate con	porate name ado	nted for the r	ourpose of transacting b	usiness in l	Florida	<u> </u>
2.	DELAWAR		,		-				•
۷.	(State or country t	under the lav	v of which it is inco	rporated)	3. 26-0256738 (FEI number, if applicable)		_		
4.	2/20	ol 2007		5					
₹.	(Date of	fincorporati	on)	5. (Date of duration, if other than perpetual)					
6.									
o.		(SEE	(Date first transactor SECTIONS 607.1:			r to registration) rmine penalty liability)	SEC	2020	
7.	10918 TEC	HNOWEN	PLACE, SA	HV 01560 Principal office	CA, 921	127			_ 7
-	·····		O	Principal office	treet addres	s)	ASSER	8 1 7	
=		-	(C	urrent mailing a	ddress, if diff	ferent)	OF STATE FLORIDA	્રે¥ ઃ	
8.	Name and street	address of	Florida registered	agent: (P.O. B	ox <u>NOT</u> ac	cceptable)	VOI VOI	9	
	Name:	. стс	orporation System		<u> </u>				
Of	fice Address:	1200	South Pine Island R	Road	_				
		Planta	tion		, Florida	33324			
	•		(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.

April Wittenwyler, 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
☐Chairman	Name: LEONARD LAUGR	□Chairman	Name: BENJA	MIN OLSON	
□Vice Chairman	Address: 10918 TECHNOLOGY PLACE	□Vice Chairman		TECHNOLOGY PLACE	
□Director	SD, CA, 92127	□Director	50, CA 192127		
□President		□President			
□Vice President		□Vice President		.	
□Secretary	□Treasurer	☐ Secretary	(□'Treasurer	
□Other	Other	□Other		DOTHER CHIEF FINANCIAL	
	Name:	⊡Chairman ⊡Vice Chairman	Name:	2020 FIB IT	
□Director		□Director		11 C TO 11.	
□President		□President		FLORE D	
□Vice President		□Vice President		19 TEA	
☐ Secretary	□Treasurer	☐ Secretary	ί	□Treasurer	
□Other	Other	□Other		Other	
□Chairman	Name:	☐ Chairman			
_	Address:		Address:	 	
□Director		□Director			
□President	.	□President		 	
□Vice President		□Vice President	-		
□Secretary	□Treasurer	☐Secretary	į	Treasurer	
□Other	□ Other	□Other	〔	□Other	
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of Director of Signature of Director of	nt of State Annual Re	port form	·	
	Signature of Director of	: Officer			
The officer or direct	etor signing this document (and who is listed in number alse information submitted in a document to the Departr	11 above) affirms th	at the facts stated h	erein are true and that he or	
13	(Typed or printed name and capacity of perso	HEF FINAN	CAL OFFI	<u>LER</u>	
	(cypea or printed name and capacity of perso	n aigning appucation	1		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MEMJET US SERVICES 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 TWELFTH DAY OF FEBRUARY, A.D. 2020.

2020 FEB 17 PH 3: 19

and corp delaware soy/a

Authentication: 202377482

Date: 02-12-20

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