

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000098852 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:					_	_

FOREIGN PROFIT/NONPROFIT CORPORATION

Juniper Financial Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help





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 Jumper Financial	Services, Inc.			_
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	," "COMPANY," "CORPORATION,"	
			75 20°	_
(If name unavaila	ble in Florida, enter alternate corporate nar	nc	adopted for the purpose of transacting business in Horida)	71
2 Delaware		3.	84-4864558 PR	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
02/14/2020		5.	Perpetual mo To	
	of incorporation)		(Date of duration, if other than perpetual)	<u>_</u>
6. Upon Qualificati	ion		RP 53	_
	(Date first transacted busines	55 i 7	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
	(SEE SECTIONS 007.150) & 00	٠.	1302, 133, to determine permity morney)	
7. 1133 Innovation V	Way, Sumyvale, CA 94089		ipal office address)	-
	(11)	i i c	pai once address;	
same	1 Community		ing address, if different)	-
	(Carten in	ılis	ing address, it directory	
8. Name and stree	et address of Florida registered agent: (I	2.0). Box <u>NOT</u> acceptable)	
Name:	CT Corporation System		_ 	
Office Address:	1200 South Pine Island Road			
	Plantation	_	, Florida <u>33324</u>	
	(City)		(Zip code)	
D. 1.4				
9. Registered age	one's acceptance:	· ·	ing of process for the above stated corporation at the	nla

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.

C/. Corporation System

Cristie Myers, 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 business addresses of officers and/or directors:
A. DIRECTORS SEE ATTACHMENT
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
For F. O
Director:
Address:
B. OFFICERS SEE ATTACHMENT
President: Stephen Byrne
Address: 1133 Innovation Way
Sunnyvale, CA 94089
Vice President:
Address:
Secretary: Robert Mobussaly
Address: 1135 Innovation Way, Sunnyvale, CA 94089
Treasurer: Michael Loveu
Address: 1133 Innovation Way, Sunnyvale, CA 94089
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
& R
Signature of 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; FIS. 138, 178, 178, 178, 178, 178, 178, 178, 17
Stroben P. Hyrne, President, Juniper Fipancial Services, Inc.
(Typed or printed name and capacity of person/signing application)

医克克特氏 建长 医马克勒氏反应 医翼性 计过程设计 阿里尔马斯巴斯克斯克克

Attachment to Florida Officers & Directors

1 Full Name: Meredith McKenzie √

Officer/Director: Officer

Officer's Title: Assistant Secretary

Director's Title:

Business Address: 1133 Innovation Way

City:SunnyvaleState:CAZIP Code:94089

2 Full Name: Michael Liebsch, V

Officer/Director: Officer

Officer's Title: AssistantTreasurer

Director's Title:

Business Address: 1133 Innovation Way

City: Sunnyvale State: CA ZIP Code: 94089

3 Full Name Stephen Byrne ✓
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Director

Business Address: 1133 Innovation Way

City: Sunnyvale State: CA ZIP Code: 94089

4 Full Name: Thomas Austin

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 1133 Innovation Way

City: Sunnyvale

State: CA ZIP Code: 94089 FILED

1020 APR -2 PM 4: 53

SECRETARY OF STATE
ALLAHASSEE. FLORIDA



Page 1

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

DELAWARE, DO HEREBY CERTIFY "JUNIPER FINANCIAL 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 FIRST DAY OF APRIL, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 202698576

Date: 04-01-20

7852199 8300 SR# 20202536928

You may verify this certificate online at corp.delaware.gov/authver.shtml