

2/12/2021

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**F21000060915**

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.

(((H21000060951 3)))



H210000609513ABCY

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

Please keep original submission date of 2/12

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.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**Cybernet Software Systems, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

3/1/2021

850-617-6381

2/15/2021 10:58:06 AM PAGE 1/001 Fax Server



February 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: CYBERNET SOFTWARE SYSTEMS, INC.
REF: W21000020273

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

FAX Aud. #: H21000060951
Letter Number: 121A00003330

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.*

CYBERNET SOFTWARE SYSTEMS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 77-0477907
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/23/1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 75 E. Santa Clara Street, Suite 600, San Jose, CA 95113
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, 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.

By: C T Corporation System

(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.

FILED
2021 FEB 15 PM 5:34
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: Manish TandonAddress: 75 E. Santa Clara Street, Suite 600, San Jose, CA 95113Director: Sunil MittalAddress: 75 E. Santa Clara Street, Suite 600, San Jose, CA 95113**B. OFFICERS**President: Manish TandonAddress: 75 E. Santa Clara Street, Suite 600, San Jose, CA 95113

Vice President: _____

Address: _____
_____Secretary: Sunil MittalAddress: 75 E. Santa Clara Street, Suite 600, San Jose, CA 95113Treasurer: Jai HassanwaliaAddress: 75 E. Santa Clara Street, Suite 600, San Jose, CA 95113**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Sunil Mittal

6056510832084C7

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. Sunil Mittal, Director

(Typed or printed name and capacity of person signing application)

FILED
2021 FEB 15 PM 5:34
FALLAHASSET, FLORIDA



Secretary of State Certificate of Status

FILED
2021 FEB 15 PM 5:34
TALLAHASSEE, FLORIDA

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: CYBERNET SOFTWARE SYSTEMS, INC.
File Number: C2027357
Registration Date: 02/23/1998
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of February 10, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 11, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: ZQQMJ7Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at webizfile.sos.ca.gov/certification/index.