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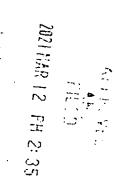
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Jugaras



March 1, 2021

Florida Department of State Registration Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

To Whom It May Concern:

This letter is a notify the SOS that we request to register. We are a corporation in CA that has one new hire employee on 3/1/2021 that lives in Bradenton, FL. She will be working remotely from her home on her laptop.

Enclosed is the application, a CA Certificate of Good Standing Status and a check for \$70.00 as requested.

If you have any questions, please contact me at (818) 717-7301.

Sincerely,

Cindy Lantrip Nolan Accounting/HR Manager clantrip@appulate.com

Cine, nota-

COVER LETTER

_	ration Section on of Corpora						
SUBJECT:	•						
SUBJECT.		Name of co	orporation	ı - must incl	ude suffix		
Dear Sir or Ma	ıdam:						
"Certificate of	Existence," o	by Foreign Corpor r "Certificate of C rporation to transa	lood Stan	iding" and c	heck are sul		
Please return a	ll corresponde	ence concerning t	nis matter	to the follo	wing:		
Cindy Nolan							
			Name of	Person			
Appulate, Inc.							
			irm/Con	ірапу			
30700 Russell R	tanch Road, Su	ite 250					
			Addr	ess			
Westlake Villag	e, CA 91362						
		Ci	ty/State a	nd Zip code	:		
accounting@app	pulate.com						
	F	-mail address: (to	be used	for future an	nual report	notifica	ition)
For further info	ormation conc	eerning this matte	, please c	rall:			
Cindy Nolan		at (818	7177301	7177301 Daytime Telephone Number		
Name	of Person		Area Cod	e Da	ıytime Telep	phone N	lumber
Regist Division The Co 2415 N	ration Section on of Corpora entre of Tallal	tions nassee eet, Suite 810		R D P	AAILING A egistration bivision of Co. O. Box 632 allahassee,	Section Corporat 27	ions
	ek payable to:	following amount: FLORIDA DEPA \$78.75 Filing Fe Certificate of St	RTMENT	OF STATE \$78.75 Fil Certified	ling Fee &		587.50 Filing Fee, 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.

	able in Florida, enter alternate corporate name ado	nted for the nurnose of transactin	a business in Florida)	
	tote in Piorida, enter alternate corporate name ado	.4318058	g outmiest in Francis	
CA	y under the law of which it is incorporated)	(FEI number, if applicable)		
	•			
01/10/2006	of incorporation) 5.	(Date of duration, if other t	than perpetual)	
03/01/2021	or incorporation)	(Date of duration, if other)	man perperauly	
	(Date first transacted business in Fl	orida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502.		ty)	
0700 Russell Ra	nch Road, Suite 250 Westlake Village, CA 91362			
	(Principal office	street address)		
·		11 10 11 00		
	(Current mailing a	ddress, if different)		
	,		202	
Name and stree	et address of Florida registered agent: (P.O. E		2021 říd	
Name and stree	,		2021 MAR 12	
Name:	et address of Florida registered agent: (P.O. E		2021 MAR 12 F	
Name:	ct address of Florida registered agent: (P.O. F Cindy Nolan 11828 Winding Woods Way	Box NOT acceptable)	2021 MAR 12 PH 2	
Name:	et address of Florida registered agent: (P.O. F Cindy Nolan 11828 Winding Woods Way Bradenton	Box <u>NOT</u> acceptable)	2021 MAR 12 FM 2: 3:	
Name: fice Address:	Cindy Nolan 11828 Winding Woods Way Bradenton (City)	Box NOT acceptable)	• •	
Name: fice Address: Registered ag	Cindy Nolan 11828 Winding Woods Way Bradenton (City)	Box NOT acceptable) , Florida 34202(Zip code)	: 35	
Name: fice Address: Registered agoving been name	Cindy Nolan 11828 Winding Woods Way Bradenton (City) ent's acceptance: ned as registered agent and to accept service	Box NOT acceptable) — , Florida 34202 (Zip code) of process for the above states	 ယ d corporation at the _J	
Name: fice Address: Registered ag aving been nam signated in this other agree to c	Cindy Nolan 11828 Winding Woods Way Bradenton (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) , Florida , Florida (Zip code) of process for the above states as registered agent and agritive to the proper and comple	ಯ d corporation at the j ee to act in this capa	
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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.

A. DIRECTORS Dimitri Nikouline □ Chairman Chairman Name: 4485 Alta Tupelo Drive Address: ☐ Vice Chairman □Vice Chairman Address: Dimitri Nikouline Calabasas, CA 91302 **■** Director ■Director Jeffrey Harris President □ President □ Vice President ☐ Vice President □Treasurer ☐ Secretary □Treasurer ☐ Secretary Other ____ □Other _____ Other ☐Other _____ Name: _____ Name: □ Chairman ☐ Chairman 3337 Mountain Trail Ave □ Vice Chairman Address: □ Vice Chairman Address: ______ Newbury Park, CA 91320 Director Director President □ President □Vice President ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary □Other _____ □Other _____ Other _____ □Other _____ □ Chairman □ Chairman Name: Name: □Vice Chairman Address: □Vice Chairman Address: Director □ Director President □President □Vice President □Vice President ☐ Secretary □ Treasurer ☐ Secretary □Treasurer □Other ____ □Other _____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. N N KOU Signature of Director or Officer DIMITY WIKEN 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.

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

APPULATE, INC.

FILE NUMBER:

C2824026

FORMATION DATE:

01/10/2006

TYPE:
JURISDICTION:

DOMESTIC CORPORATION CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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

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 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 09, 2021.

Shirley N. Weber, Ph.D. Secretary of State