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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	NetLine Corporation			
		of corporation - mu	st include suffix	
Dear Sir or M	ladam:			
"Certificate of	"Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Standing'	and check are submit	Business in Florida," ited to register the
Please return	ali correspondence concert	ning this matter to th	e following:	
Nancy Aldrid	ge			
		Name of Perso	n	
NetLine Corp	oration			
		Firm/Company		
900 E Hamilto	on Avenue, Suite 100			
		Address		
Campbell, CA	95008			
		City/State and Zi	p code	
naldridge@ne				
	E-mail addres	ss: (to be used for fu	ture annual report not	fication)
For further in	nformation concerning this	matter, please call:		
Nancy Aldrid	ge	at (408 3	40-2209	
Nan	ne of Person	Area Code	40-2209 Daytime Telephor	ne Number
Regi Divi: The 2415	Stration Section sion of Corporations Centre of Tallahassee is N. Monroe Street, Suite 81 ahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
	e check for the following an heck payable to: FLORIDA I ling Fee	DEPARTMENT OF Significant Significant Significant Department of the Significant Significan		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



April 13, 2021

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NANCY ALDRIDGE 900 E HAMILTON AVE STE 100 CAMPBELL, CA 95008

SUBJECT: NETLINE CORPORATION

Ref. Number: W21000049668

We have received your document for NETLINE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 221A00007602

RECEIVED
MAY 2.4 2021

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.

"Inc" "Co" "Co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N,"
,,			
(If name unavaila	ble in Florida, enter alternate corporate name		
California	3	94-3213164 (FEI number, if a	
(State or country	3. vunder the law of which it is incorporated)	(FEI number, if a	pplicable)
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
Mar 1 2021			
-	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)
900 E Hamilton A	evenue, Suite 100, Campbell, CA 95008		
		ice street address)	
	(Current mailir	ng address, if different)	
. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	21
Name:	Business Filings Incorporated		 ≿ <u>≠</u>
Office Address:	1200 South Pine Island Rd	 -	FILED NAY 21 M 9: 2 PLIANY OF STATE ABASSOE FLORIDA
	Plantation	, Florida 33326 (Zin code)	변화 연 표상 ≥ ©
	(City)	(Zip code)	1 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. Registered ago	ent's acceptance:		-
Having been nam lesignated in this further agree to c	ent's acceptance: sed as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes to with and accept the obligations of my pe	ment as registered agent and ag relative to the proper and compl	ed corporation at the pree to act in this capac
Having been nam lesignated in this further agree to c	ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes i	ment as registered agent and ag relative to the proper and compl	ed corporation at the pree to act in this capac

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

•			
A. DIRECTORS	Dahan Alain		Werner Mansfeld
Chairman	Name: Robert Alvin	□Chairman	Name:
□ Vice Chairman	900 E Hamilton Avenue, Ste 100 Address:	□Vice Chairman	Address: 900 E Hamilton Avenue, Ste 100
□Director	Campbell, CA 95008	□Director	Campbell, CA 95008
□President		President	
□Vice President		□Vice President	
□Secretary	☐Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
□Chainnan	Name: Jayaram Kalpathy 900 E Hamilton Ave,Ste 100	□Chairman	Name: Jeff Wilkins 900 E Hamilton Avenue, Stc 100
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Campbell, CA 95008	Director	Campbell, CA 95008
□President		□President	
□Vice President		□Vice President	
■ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
	Use an attachment to report more than six (6). The atta e added to the index when filing your Florida Departme		
12.	Signature of Director of	or Officer	
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number also information submitted in a document to the Depar	er 11 above) affirms them of State constitu	hat the facts stated herein are true and that he or utes a third degree felony as provided for in

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA - Registered Agent

For NetLine Corporation-Registered Agent Signature

8. Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)
Name:	Business Flings:	Incorporated
Office Address:	1200 South Ane	
	Plantation	, Florida <u>3332</u> 6
	(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.

Registered agent's signature)



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

Entity Name: NETLINE CORPORATION

File Number: C1895323 Registration Date: 10/14/1994

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of February 28, 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 March 1, 2021.

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

Certificate Verification Number: R95X74Y

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