(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W23-417223					

Office Use Only



400399479614

04/11/23--01002--014 **2470.00

2023 APR -6 AM 9:49

RECEIVED



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2023

FLORIDA FILING

SUBJECT: PACIFIC NETSOFT, INC.

Ref. Number: W23000047223

We have received your document for PACIFIC NETSOFT, INC. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$2,400.00.

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.

Please Keep original Filing date-check attached

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 123A00007882

www.sunbiz.org

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/10/23

NAME: PACIFIC NETSOFT, INC

TYPE OF FILING: APPLICATION

COST:

70.00 + 2,400.00 = 2,470.00

RETURN: PLAIN COPY PLEASE

-- AUTHORIZATION: ABBIE/BAUL HODGE

COVER LETTER

TO:		on Section of Corporations			
SUBJ	ECT: Pac	ific NetSoft, Inc.			
0000		Name of	corporation	- must include suffix	
Dear S	ir or Madar	n:			
"Certif	ficate of Exi		f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please	return all co	orrespondence concerning	g this matter	to the following:	
Christi	na Ngo				
			Name of	Person	
Pacific	NetSoft, Inc				
			Firm/Com	pany	
900 E	Hamilton Av	e., Ste. 100			
			Addre	SS	
Camph	ell. CA 9500	08			
			City/State ar	nd Zip code	
legal@	clarityconsul	Itants.com			
		E-mail address: (to be used f	or future annual report notification)	
For fur	ther inform	ation concerning this mat	ter, please c	all:	
Christina Ngo		408	426-4337		
	Name of 1	Person	Area Code	_) 426-4337 Daytime Telephone Number	
	Registration of The Centre 2415 N. M	COURIER ADDRESS: on Section of Corporations e of Tallahassee fonroe Street, Suite 810 ee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please (k for the following amous bayable to: FLORIDA DEP fee	ARTMENT	OF STATE \$78.75 Filing Fee & 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.

California	able in Florida, enter alternate corporate name	77 4224043	business in Flo	orida)	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
04/09/1993	5.	Perpetual			
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)		
05/30/2007					
		n Florida, if prior to registration) 502, F.S., to determine penalty liability))	-	
900 E Hamilton	Ave., Stc. 100, Campbell, CA 95008				
	(Principal of	ice street address)			
900 E Hamilton	Ave., Stc. 100, Campbell, CA 95008				
	(Current maili	ng address, if different)			
Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	. •	2023	
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.0 PARACORP INCORPORATED	O. Box NOT acceptable)	. •	2023 AFR	
Name:	<u> </u>	O. Box <u>NOT</u> acceptable)	. • :	2023 AFR -6	
Name:	PARACORP INCORPORATED		. • . • . •	2023 AFR -6 AH	
Name:	PARACORP INCORPORATED 155 Office Plaza Dr., 1st Floor	O. Box NOT acceptable) , Florida 32301 (Zip code)		<u> </u>	
Name: Office Address:	PARACORP INCORPORATED 155 Office Plaza Dr., 1st Floor Tallahassee (City)	, Florida 32301			
Name: Office Address: Registered ag	PARACORP INCORPORATED 155 Office Plaza Dr., 1st Floor Tallahassee (City) ent's acceptance:	, Florida 32301 (Zip code)	orporation a	VH 3: 19	
Name: Office Address: Registered aglaving been namesignated in this	PARACORP INCORPORATED 155 Office Plaza Dr., 1st Floor Tallahassee (City) ent's acceptance: led as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes in	, Florida 32301 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete p	to act in this	AH 9: 49 t the pla	
Name: ffice Address: Registered ag aving been namessignated in this arther agree to c	PARACORP INCORPORATED 155 Office Plaza Dr., 1st Floor Tallahassee (City) ent's acceptance: sed as registered agent and to accept serve application, I hereby accept the appoints	, Florida 32301 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete p	to act in this	AH 9: 49 t the pla	
Name: ffice Address: Registered ag laving been namesignated in this	PARACORP INCORPORATED 155 Office Plaza Dr., 1st Floor Tallahassee (City) ent's acceptance: led as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes in	, Florida 32301 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete p	to act in this	AH 9: 49 t the pla	
Name: Office Address: Registered ag laving been nam esignated in this arther agree to c	PARACORP INCORPORATED 155 Office Plaza Dr., 1st Floor Tallahassee (City) ent's acceptance: led as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes in	, Florida 32301 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete p	to act in this	AH 9: 49 t the pla	

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.

DocuSign Envelope ID: ACAAF4A8-D8DE-4CD1-9C40-AE6FA390F2BD

A. DIRECTORS	Hombourt I. Whoman		Miles McCinley	
□Chairman Name: Herbert L. Tieger		□Chairman	Name: Miles McGinley	
∵ □Vice Chairman - Ac	ldress: 900 E Hamilton Ave., Ste. 100	□ Vice Chairman	Address: 900 E Hamilton Ave., Stc. 100	
☐Director Ca	umphell, CA 95008	Director	Campbell, CA 95008	
■President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	■ Secretary	☆ Treasurer	
□Other	Other	□Other	Other	
□Chairman Na	une:	□Chairman	Name:	
□Vice Chairman Ac	ldress:	□Vice Chairman	Address:	
□Director	-	□Director		
□President	<u>.</u>	□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	Treasurer	
□Other	Other	□Other	Other	
□Chairman Na	nne:	□Chairman	Name:	
□Vice Chairman Ac	ldress:	□Vice Chairman	Address:	
□ Director		Director		
□President	<u> </u>	□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary	Treasurer	
□Other	Other	□Other	□ Other	
individuals may be add	an attachment to report more than six (6). The ded to the index when filing your Florida Depa	rtment of State Annual Ro	eport form.	
12 Miles MeGil 4CD312AF32D346D	Signature of Direc	tor or Officer		
	signing this document (and who is listed in nuinformation submitted in a document to the De		nat the facts stated herein are true and that he or ites a third degree felony as provided for in	
3 Miles McGinl	ey Treasurer &	Secretary		

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/5//2023

ENTITY NAME: Pacific NetSoft, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

Entity Name: PACIFIC NETSOFT, INC.

Entity No.: 1828371 **Registration Date:** 04/09/1993

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 15, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 091318933

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.