

F20000001378

***SEE M16000010351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

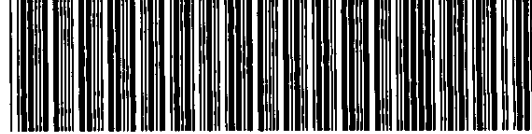
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*request
penalty fee*

W160000074875

Office Use Only



600291764706

10/31/16--01023--018 **70.00

12/21/16--01003--001 **800.00

FILED
16 DEC 20 PM 3:11
DIVISION OF CORPORATE AFFAIRS

O SIMMONS
DEC 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

JENNY BLOOM
548 MARKET ST, #62411
SAN FRANCISCO, CA 94104

SUBJECT: ZAPIER, INC
Ref. Number: W16000074275

RECEIVED
2016 DEC 20 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ZAPIER, INC and your check(s) totaling \$70.00. 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 \$800.00.

Please return the corrected original and one copy of 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.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 316A00023554

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zapier, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jenny Bloom

Name of Person

Zapier, Inc

Firm/Company

548 Market St. #62411

Address

San Francisco, CA 94104

City/State and Zip code

accounting@zapier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Bloom

Name of Person

at (770) 988-0633

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| ☒ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee &
Certificate of Status | ☐ \$78.75 Filing Fee &
Certified Copy | ☐ \$87.50 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.

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

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

2. Delaware 3. 46-1268002
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/22/12 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/10/14
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 548 Market St. #62411, San Francisco, CA 94104
(Principal office address)

(Current mailing address, if different)

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

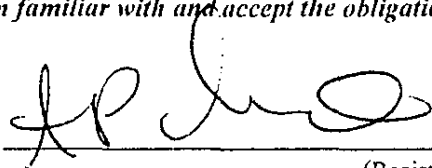
Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314
(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)

Anthony Palazzo, Secretary, Vcorp Services

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.

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DIVISION OF CORPORATIONS

FILED

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

A. DIRECTORS

Chairman: Charles Wade Foster

Address: 243 Buena Vista Ave #1114

Sunnyvale, CA 94086

Vice Chairman: Michael Knoop

Address: 252 W California Ave

Sunnyvale, CA 94086

Director: Bryan Helmig

Address: 243 Buena Vista Ave #508

Sunnyvale, CA 94086

Director: _____

Address: _____

B. OFFICERS

President: Charles Wade Foster

Address: 243 Buena Vista Ave #1114

Sunnyvale, CA 94086

Vice President: _____

Address: _____

Secretary: Michael Knoop

Address: 252 W California Ave, Sunnyvale, CA 94086

Treasurer: Bryan Helmig

Address: 243 Buena Vista Ave #508, Sunnyvale, CA 94086

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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. _____

Jennifer Bloom, Chief Financial Officer, Zapier, Inc.

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

FILED
16 DEC 20 PM 3:11
JENNIFER BLOOM

Addendum

B. OFFICERS

Chief Financial Officer: Jennifer Bloom
Address: 735 Antone St. Atlanta, GA 30318

FILED

16 DEC 20 PM 3:11

DIVISION OF REVENUE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZAPIER, 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZAPIER, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5158590 8300

SR# 20166342217

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203216750

Date: 10-25-16