

10/20/2020

Division of Corporations

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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.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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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
KNOTEL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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10/21/20 ✓

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knotel, 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:

_____	Sarah Corrado
	Name of Person
_____	Fenwick & West
	Firm/Company
_____	902 Broadway, Suite 14
	Address
_____	New York, NY 10010
	City/State and Zip code
_____	sccorrado@fenwick.com
	E-mail address: (to be used for future annual report notification)

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FLORIDA DEPARTMENT OF STATE
TALLHASSEE, FLORIDA

For further information concerning this matter, please call:

_____	Sarah Corrado	at (212)	_____	430-2709
	Name of Person		Area Code			Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Knotei, Inc
(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. Delaware 3. 47-5086469
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/29/2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 229 West 43rd Street, 8th Floor, New York, NY 10036
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By:

Handwritten signature of Amanda E. [Name]

(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.

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

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A. DIRECTORS

Chairman Name: Amol Sarva

Vice Chairman Address: 229 West 43rd Street

Director Sth Floor

President New York, NY 10036

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Edward Shenderovich

Vice Chairman Address: 229 West 43rd Street

Director Sth Floor

President New York, NY 10036

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Jonathan Goldberg

Vice Chairman Address: 229 West 43rd Street

Director Sth Floor

President New York, NY 10036

Vice President _____

Secretary Treasurer

Other Chief Investment Officer Other _____

Chairman Name: Eugene Lee

Vice Chairman Address: 229 West 43rd Street

Director Sth Floor

President New York, NY 10036

Vice President _____

Secretary Treasurer

Other Chief Operating Officer Other _____

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 TALLAHASSEE, FLORIDA

Chairman Name: John J. Jureller

Vice Chairman Address: 229 West 43rd Street

Director Sth Floor

President New York, NY 10036

Vice President _____

Secretary Treasurer

Other Chief Financial Officer Other _____

Chairman Name: Nodari Kezua

Vice Chairman Address: 229 West 43rd Street

Director Sth Floor

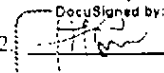
President New York, NY 10036

Vice President _____

Secretary Treasurer

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.

12.  Signature of Director or Officer
 157D044373E2458

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

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CONT DIRECTORS

Chairman Name: Linda Fayne Levinson

Vice Chairman Address: 229 West 43rd Street

Director 8th Floor

President New York, NY 10036

Vice President _____

Chairman Name: Jeffrey Crowe

Vice Chairman Address: 229 West 43rd Street

Director 8th Floor

President New York, NY 10036

Vice President _____

Chairman Name: Pratik Patel

Vice Chairman Address: 229 West 43rd Street

Director 8th Floor

President New York, NY 10036

Vice President _____

2020 OCT 20 PM 4:48
 TALLAHASSEE, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNOTEL, 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 TWENTIETH DAY OF OCTOBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNOTEL, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2015.

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

2020 OCT 20 4:48
SECRETARY OF STATE
TALLEMMA
SECRET
FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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Authentication: 203896583

Date: 10-20-20