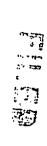
F2100003465

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



100368014791



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 854742 7454999

AUTHORIZATION: ARRANA

COST LIMIT : \$ 87.50

ORDER DATE : June 11, 2021

ORDER TIME : 2:02 PM

ORDER NO. : 854742-005

CUSTOMER NO: 7454999

FOREIGN FILINGS

NAME: OPY USA INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

~	ion of Corporations			
SUBJECT:	OPY USA Inc			
	Name o	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of		of Good Standi	uthorization to Transact Business ing" and check are submitted to regin Florida.	
Please return	all correspondence concerni	ng this matter to	the following:	
Brian Shnidem	nan			
	·	Name of Pe	rson	
OPY USA Inc				
•		Firm/Compa	any	
2390 E Camell	back Rd, Suite 130			2
	<u> </u>	Address	3	021
Phoenix, AZ 8:	5016			2021 JUN
 		City/State and	Zip code	- 0
eyellin@opy.co				
	E-mail address	to be used for	future annual report notification)	
For further inf	formation concerning this ma	atter, please cal	1:	
Theodora Kots	akis, Esq.	248 ,	642-6133	
Name	of Person	Area Code	Daytime Telephone Number	 Эг
Regist Divisi The C 2415 I	CET/COURIER ADDRESS cration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amorek payable to: FLORIDA DE ng Fee	PARTMENT O	378.75 Filing Fee & \$87.50 Certified Copy Certif	0 Filing Fee. Teate of Status & Ted 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.

(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	•	
(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)	
Delaware	3	86-1329724		
	ry under the law of which it is incorporated)	(FEI number, if applic	cable)	
12/07/2020		Perpetual		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
Upon registration	On (Date first transacted business in			
		ce <u>street</u> address) g address, if different)	2021 JUN	
		g address, if different)	2021 JUN 18 PH	
Name:	(Current mailing) et address of Florida registered agent: (P.O.)	g address, if different)	2021 JUN 18 PH 4: 46	
	(Current mailing the standard of the company (Current mailing the standard of the company (Current mailing the standard of the current mailing the standard of the current mailing (Current mailing the standard of the current mailing the current mailing the standard of the current mailing the cu	g address, if different)	2021 JUN 18 PM 4: 46	

and I am familiar with and accept the obligations of my position as registered agent.

(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.

A. DIRECTORS					
Chairman	Brian S. Shniderman	□ Chairman	Gary D. Stein Name:		
∐Vice Chairman	Address: 2390 E Camelback Rd, Suite 130	□Vice Chairman	Address 2390 E Camelback Rd, Suite 130		
■ Director	Phoenis, AZ \$5016	□Director	Phoenix, AZ 85016		
□ President		□President			
□Vice President		□Vice President			
□ Secretary	☐ Freasurer	Secretary	☐ Freasurer		
US CEO	□Other	Other LIS Chief and Cor	Product		
∏Chairnian	Name: Efrat M. Yellin	□Chairman	Name: Michael Eidel		
□Vice Chairman	Address:	□Vice Chairman	Address: Level 9, 469 La Trobe Street Melbourne, 3000, Victoria, Australia		
□Director	2390 E Camelback Rd, Suite 130	■ Director			
□President	Phoenix, AZ 85016	□President			
□Vice President		∐Vice President			
Secretary	☐ Vrcasurer	□Secretary	[]Treasurer		
_Other	US CFO	Global Cl	EO BOther		
			ي چ چ		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
CiDirector		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	□Secretary	□1reasurer		
□Other		Other	Other		
individuals may be:	Ise an attachment to report more than six (6). The attachment to the index when filling your Florida Departm				
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 \$817.155, E.S.					

Efrat M. Yellin, US CFO/Secretary

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPY USA INC" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

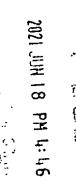
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPY USA INC" WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D. 2020.

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





Authentication: 203441562

Date: 06-14-21