

F2200006931

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

From: Account Name : VCORP SERVICES, LLC
 Account Number : 120080000067
 Phone : (845) 425-0077
 Fax Number : (845) 818-3588

****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
Anecdotes Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2022 NOV - 6 10:26

2022 NOV - 9 PM 5: 57
 T.L.L. FAX

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NOV 09 2022

DocuSign Envelope ID: 1DB42C0F-1CFA-41FA-B666-93325BA1B362

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. Anecdotes 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 (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 02/01/2021 (Date of incorporation) 5. (Date of duration, if other than perpetual)

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

7. 228 HAMILTON AVE, 3RD FL, PALO ALTO, CA 94301 (Principal office street address)

228 HAMILTON AVE, 3RD FL, PALO ALTO, CA 94301 (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: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

2022 NOV - 9 PM 5: 57 LLC

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.

[Handwritten signature]

Mimi Sanik

(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: YAIR KUZNITSOV
 Vice Chairman Address: 228 HAMILTON AVE, 3RD FL
 Director PALO ALTO, CA 94301
 President
 Vice President
 Secretary Treasurer
 Other CEO Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 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 Yair Kuznitsov]
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. YAIR KUZNITSOV, CEO
(Typed or printed name and capacity of person signing application)

Delaware

The First State

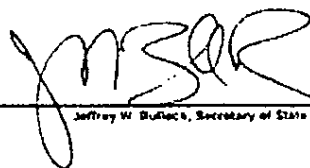
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANECDOTES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANECDOTES INC." WAS INCORPORATED ON THE FIRST DAY OF FEBRUARY, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20223964632

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

Authentication: 204805411

Date: 11-08-22