

6/14/24, 2:21 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F24 000003237

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.

(((H24000208547 3)))



H240002085473ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

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
A2Z Sync, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

SECRET
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL
 2024 JUN -5 PM 8:05

FILED

Requesting the original filing date of 6/5/24. Issue with original coversheet. Thank you.

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 78911F0D-8E6A-45BC-B071-2D62FB1471C8

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. A2Z Sync, 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. 82-1546467
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/24/2024 5. _____
(Date of incorporation) (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. 5690 DTC Blvd, Suite 400E, Greenwood Village, CO 80111
(Principal office street address)

(Current mailing address, if different)

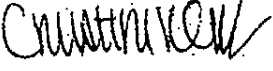
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

2024 JUN -5 PM 8:05
FILED
STATE OF FLORIDA
TALLAHASSEE, FL

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.

C T Corporation System
By: 
(Registered agent's signature) **Christine Katm**
Assistant Secretary

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]:

DocuSign Envelope ID: 76911F0D-8E6A-45BC-B071-2D62FB1471C8

A. DIRECTORS

Chairman Name: Aaron Wallace

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other CEO Other _____

Chairman Name: Brian MacDonald

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other CFO Other _____

Chairman Name: Aaron Mills

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Mark Wallace

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Brian Reed

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Andrew Gordon

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

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. Brian MacDonald
DocuSigned by: _____
AC3D4B7BCB1E426.. 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. Brian MacDonald CFO

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

DocuSign Envelope ID: 78911F0D-8E6A-45BC-B071-2D62FB1471C8

A. DIRECTORS (continued)

Chairman Name: Param Ramakrishnan

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Jason White

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Natalia Giner

Vice Chairman Address: 5690 DTC Blvd, Suite 400E

Director Greenwood Village, CO 80111

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A2Z SYNC, 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 FOURTH DAY OF APRIL, A.D. 2024.

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



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

2985030 8300

SR# 20241314613

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

Authentication: 203185790

Date: 04-04-24