Division of Corporations

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

From:
Account Name: C T CORPORATION SYSTEM
Account Number: FCA000000023
Phone: (614)280-3338
Fax Number: (954)208-0845

**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
Clearview AI, Inc.

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<th>Certificate of Status</th>
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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. Clearview AI, 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. State of Delaware 3. 82-2397610

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

4. August 3, 2017 5. N/A

(Date of incorporation) (Date of duration, if other than perpetual)

6. ____________________________

(Date first transacted business in Florida, if prior to registration)

(SELECT SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability.)

7. 15 West 72nd Street, Suite 23-S, New York, NY 10023

(Principal office address)

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

Name: David DesRosiers

Office Address: 109 Brookhaven Court

Palm Beach Gardens, Florida 33418

(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.

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

A. DIRECTORS

Chairman: ________________________________
Address: ________________________________

Vice Chairman: ____________________________
Address: ________________________________

Director: ________________________________
Address: ________________________________

Director: ________________________________
Address: ________________________________

B. OFFICERS

President: Richard Schwartz
Address: 15 West 72nd Street, Suite 23-S
          New York, NY 10023

Vice President: ____________________________
Address: ________________________________

Secretary: ________________________________
Address: ________________________________

Treasurer: ________________________________
Address: ________________________________

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. ____________________________
   Richard Schwartz, President
   (Typed or printed name and capacity of person signing application)

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

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