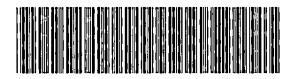
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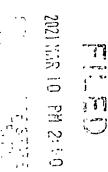
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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03/10/21--01806--019 **78.75



JAHA!

COVER LETTER 5

| | stration Section ion of Corporati | ons | | | | |
|---|--|---------------------------------|--|---|--|--|
| SUBJECT: | T. FUNDGUARD, INC. | | | | | |
| Name of corporation - must include suffix | | | | | | |
| Dear Sir or M | iadam: | | | | | |
| "Certificate o | f Existence," or | | horization to Transact Business 3" and check are submitted to re 1 Florida. | | | |
| Please return | all corresponder | nce concerning this matter to t | he following: | | | |
| LIOR YOGEV | / | | | | | |
| | | Name of Pers | on | ~ | | |
| FUNDGUARI | D, INC. | | | 1021 () ; ; | | |
| | | Firm/Compan | у | | | |
| 54 WEST 40T | H STREET | | | 1 1 20 | | |
| | | Address | | | | |
| NEW YORK, | NY 10018 | | | 1 | | |
| | | City/State and 2 | Cip code | 2 | | |
| LIOR.YOGEV | /@FUNDGUARI | D.COM | | | | |
| | E-1 | mail address: (to be used for f | uture annual report notification | | | |
| For further in | formation conce | rning this matter, please call: | | | | |
| STACY J. HO | FFMAN | at (408 | 703-6036 | | | |
| Nam | e of Person | at (Area Code | Daytime Telephone Numb | er | | |
| Regis Divis The C 2415 | EET/COURIER stration Section sion of Corporati Centre of Tallaha N. Monroe Stre hassee, FL 3230 | ons assee et, Suite 810 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| | heck payable to: F | | 8.75 Filing Fee & S87.5 ertified Copy Cert | 60 Filing Fee, ficate of Status & fied 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.

| | | orporation: must include "INCORPORATED." "Corp." "Inc." "Co." or "Corp.") | COMPANY." "CORPORATION." | | | _ |
|-----------------|---|--|--|-------------|----------|--------------|
| ı | (If name unavaila | able in Florida, enter alternate corporate name ado | pted for the purpose of transacting bu | siness in F | lorida | - |
| 2. | DELAWARE | 3. 83 | -0696309 | | | |
| | (State or countr | tate or country under the law of which it is incorporated) 83-0696309 (FEI number, if applied) | | | able) | |
| 4. | 04/03/2018 | | | | | |
| | (Date of incorporation) 5. (Date of duration, if other than | | | | | _ |
| 6. | 02/28/2021 | | | | | |
| | | (Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, | | ÷·· | 20 | _ |
| 7 | 34 WEST 40TH S | STREET, NEW YORK, NY 10018 | | | 1.23 | _ < - , i |
| | | (Principal office <u>s</u> | treet address) | 1. | 33 | ; 7: |
| - | | (Current mailing a | Idress, if different) | | <u> </u> | 1 1. - 1 |
| 8. | Name and <u>stree</u> Name: | et address of Florida registered agent: (P.O. B CORPORATION SERVICE COMPANY | ox <u>NOT</u> acceptable) | | \$ 2:40 | ,, |
| Office Address: | | 1201 HAYS STREET | | | | |
| | | TALLAHASSEE | _ , Florida | | | |
| | | (City) | (Zip code) | | | |

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.

Roxanne Turner
Asst. Vice President

(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 | Name: | □Chairman | Name: | | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | | |
| □Director | NEW YORK, NY 10018 | □Director | | | | | | |
| President | | □President | | | | | | |
| □ Vice President | | □Vice President | | | | | | |
| ☐ Secretary | ☐ Treasurer | ☐ Secretary | ☐ Treasurer | | | | | |
| Other | Other | Other | □ Other | | | | | |
| □Chairman | Name: | □ Chairman | Name: | | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | | |
| □Director | | □Director | | | | | | |
| President | | President | 2021 | | | | | |
| □Vice President | | □ Vice President | | | | | | |
| ☐ Secretary | ☐ Treasurer | ☐ Secretary | ☐Treasurer | | | | | |
| □Other | □Other | □Other | | | | | | |
| | | | \$1.45 \$1.45 | | | | | |
| □Chairman | Name: | □Chairman | Name: : : : : : : : : : : : : : : : : : : | | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | | |
| Director | | □Director | | | | | | |
| □President | | □President | | | | | | |
| □Vice President | | □ Vice President | | | | | | |
| ☐ Secretary | ☐ Treasurer | □Secretary | Treasurer | | | | | |
| Other | Other | □Other | Other | | | | | |
| Important Notice: individuals may b | Use an attachment to report more than six (6). The a cadded to the index when filing your Florida Depart | ttachment will be image ment of State Annual R | ed for reporting purposes only. Non-indexed eport form. | | | | | |
| 12 Live Mogles | | | | | | | | |
| Signature of Diréctor of Officer | | | | | | | | |
| she is aware that f | ector signing this document (and who is listed in num alse information submitted in a document to the Dep | ber 11 above) affirms the artment of State constitution | hat the facts stated herein are true and that he or utes a third degree felony as provided for in | | | | | |
| s.817.155, F.S. | LIOR 4060 | EV, 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 THAT "FUNDGUARD, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRD DAY OF APRIL,

A.D. 2018, AT 4:32 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRTY-FIRST DAY OF MAY, A.D. 2018, AT 11:32 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF AUGUST, A.D. 2019, AT 5:03 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTEENTH DAY OF SEPTEMBER,
A.D. 2020, AT 5:29 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "FUNDGUARD, INC.".

Authentication: 202569207

Date: 02-23-21

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Page 2

Delaware The First State

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.

Authentication: 202569207

Date: 02-23-21