

ma10000 14558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. HAWKES
NOV - 2021



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/02/2021

Name: Merritt Walker

Reference #: 1501259

Entity Name: CROWDPULSE LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

***FEES HAVE ALREADY BEEN DEDUCTED,
PLEASE SEE THE ATTACHED FAX
COVERSHEET.**

Authorized Amount: \$125*

Signature: *mw*

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crowdpulse LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Emily Indig

Name of Person

Seward & Kissel LLP

Firm/Company

One Battery Park Plaza

Address

New York, NY 10004

City/State and Zip Code

trey@crowdpulse.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Indig

212

574-1680

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Crowdpulse LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

82-0665028

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

14707 S DIXIE HWY, STE 403

5.

(Street Address of Principal Office)

14707 S DIXIE HWY, STE 403

6.

(Mailing Address)

PALMETTO BAY, FLORIDA 33176

PALMETTO BAY, FLORIDA 33176

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

Name:

COGENCY GLOBAL INC.

Office Address:

115 NORTH CALHOUN STREET, SUITE 4

Tallahassee

(City)

Florida

32301

(Zip code)

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STATE OF FLORIDA

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: James Bourie

☐ Member Address: 14707 S Dixie Hwy, Ste 403

☐ Authorized Palmetto Bay, Florida 33176

Person _____

☒ Other Chief Executive Officer ☐ Other _____

☐ Manager Name: Steven Baglio

☐ Member Address: 14707 S Dixie Hwy, Ste 403

☐ Authorized Palmetto Bay, Florida 33176

Person _____

☒ Other Chief Innovation Officer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: William C. Murdock III

☐ Member Address: 14707 S Dixie Hwy, Ste 403

☐ Authorized Palmetto Bay, Florida 33176

Person _____

☒ Other Chief Financial Officer ☐ Other _____

☐ Manager Name: Cross Atlantic Solutions LLC

☒ Member Address: 14707 S Dixie Hwy, Ste 403

☐ Authorized Palmetto Bay, Florida 33176

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

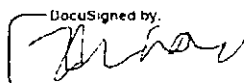
Person _____

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

DocuSigned by:

 184E75CFE33447D
 Signature for an authorized person

William C. Murdock III

Typed or printed name of signer
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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CROWDPULSE LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROWDPULSE LLC"
WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2017.

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




Jeffrey W. Bullock, Secretary of State

6323688 8300

SR# 20213659227

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

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Authentication: 204554258

Date: 10-29-21