F22000007257

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
W2Z-6633	1 Penalty	
	Office Use Only	



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2022 NOV 28 PH 12: 53

2022 NOT 28 PM 4: 43

K. SALY DEC - 2 2022

CT CORP

34\$8 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	11/28/2022	
		Acc#I2016000007	2 4: CDW
Name:	ESHARE	S, INC.	
Document #:			
Order #:	1462354	3	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination:	
Filing: 🗸	Certif Plain: COGS	ed: 🗹	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	nt:\$ 228. 75	
		Thank you!	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2022

CORRECTED
Please Allow For
Same File Date

C T CORPORATION SYSTEM

SUBJECT: ESHARES, INC. Ref. Number: W22000066331

We have received your document for ESHARES, INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

The total amount due is \$228.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 422A00026282

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: eShares, Inc.			
No.	me of corporation -	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forcig "Certificate of Existence," or "Certification above referenced foreign corporation	icate of Good Standi	ng" and check are submitte	usiness in Florida," ed to register the
Please return all correspondence con	cerning this matter to	the following:	
Michelle Dent			
	Name of Pe	rson	
eShares, Inc.			
	Firm/Compa	ny	
333 Bush Street, Floor 23, Suite 2300			
	Address		
San Francisco, CA 94104			
	City/State and	Zip code	
legal@carta.com			
E-mail ad	dress: (to be used for	future annual report notif	ication)
For further information concerning t	his matter, please cal	:	
Chris Wheeler	650	669-8381	
Name of Person	Area Code	Daytime Telephone	e Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
	DA DEPARTMENT C Filing Fee &		387.50 Filing Fee. Certificate of Status & Certified 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.

	ares, Inc.				
		poration; must include "INCORPORATED. p." "Inc." "Co," or "Corp.")	." "COMPANY," "CORPORATION,"		
(lf n	ame unavailah	ole in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)	
			45-5639657		
2. (St	ate or country	under the law of which it is incorporated)	(FEI number, if applicab	le)	
	05/2012	of incorporation) 5.	Perpetual		
+·	(Date o	of incorporation)	(Date of duration, if other than p	erpetual)	
6. 04/0	01/2021			<u> </u>	
·		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7 333 1	Bush Street, F	loor 23, Suite 2300, San Francisco CA 9410	4		
/ *		(Principal of	fice street address)	. 20	
	. <u></u> _			7	Ì
		(Current mail)	ng address, if different)	9	-
0 Mar	no and etraat	address of Florida registered agent: (P.	O. Box. NOT acceptable)	NOV 28 PH	۲.
o. Nai		C T Corporation System	<u></u>	2022 NOV 28 PH 12: 53	•
	Name:		_	[2: 5]	_
Office	Address:	1200 South Pine Island Road		85. 85	
		Plantation	FI. 33324		
		(City)	(Zip code)		
9 Re	oistered age	nt's acceptance:			
Havin	a koon nam	od as registered agent and to accept ser	vice of process for the above stated corp	poration at the place act in this capacity. I	
furthe	r agree to co	application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my p	relative to the proper and complete pe	rformance of my dutie.	v,
		C T Corporation System /	Rachel O'Connor, Assistant Secretary		
	1	By: Yachel D	Conduit		
		(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]:

Doc

□Chairman	Name: Henry Ward	□Chairman	Name: April Lindauer
□Vice Chairman	Address: 333 Bush Street, Floor 23	□Vice Chairman	Address: 333 Bush Street, Floor 23
□Director	Suite 2300	Director	Suite 2300
■President	San Francisco CA 94104	□President	San Francisco CA 94104
□Vice President		□Vice President	
□Secretary	□Treasurer	■ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name: Charly Kevers	□ Chairman	Name:
	Address: 333 Bush Street, Floor 23		Address:
Director	Suite 2300	□Director	<u></u>
□President	San Francisco CA 94104	□President	NAT HOW
		—	W 28
□ Secretary	⊡ Treasurer	□ Secretary	Treasurer.
□Other	Other	Other	□Treasurer, P
□ Chairman	Name:	. □Chairman	Name:
	Address:		Address:
□Director		_ Director	
□President		President	
□Vice President		_ □ Vice President	
□ Secretary		□ Secretary	□Treasurer
Other	□Other	Other	□Other
indiv	: Use an attachment to report more than six (6). the index when filing your Florida I	Department of State Annual B	Report form.
12.	Signature of I	Pirector or Officer	

13. April Lindauer, Secretary

(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 "ESHARES, 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 SEVENTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Authentication: 204799012

Date: 11-07-22

5175303 8300 SR# 20223958117