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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VCORP SERVICES, LLC

Account Number : I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

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FOREIGN PROFIT/NONPROFIT CORPORATION

OurCrowd Management (US), Inc.

Certificate of Status	0
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MAY 2 6 2013), BRUCE

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.

	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in	Plorida)
Delaware	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/20/2013			
(Date	of incorporation)	(Date of duration, if other than perpetua	11)
			2
	(Date first unnsacted business in F (SEE SECTIONS 607.1501 & 607.150)		IN HAY
650 5th Avenue,	31st Floor, New York, NY 10019	·	<u> </u>
	(Principal	office address)	
	(Chargens mailing	nddress, if different)	
	(Caron manng		r 22
		Day MOT accomtable)	7.0
	et address of Florida registered agent: (P.O. Veorp Services, LLC	Box NOT acceptable)	
Name:		——	
Name:	Veorp Services, LLC	33314	,
	Veorp Services, LLC 5011 South State Road 7, Suite 106		

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.

i .			
11, Nam	nes and business addresses of officers and/or directors:		
A. DIRI	ECTORS		
Chairman		<u></u>	
		<u> </u>	
Vice Chai	rman:		
Address:			
Director:	JONATHAN MEDVED		
Address:	28 DERECH HEBRON		
Audi ess.	JERUSALEM 9108001 IL		
Director:			
Address:			•
B. OFF	ICERS		
President			
Address:		2015	
	P-2) 	*	"T
Vice Presi	ident:	2	G-warms
	[다 _{만]}	\supset	
			<u> </u>
Secretary:	DA A	22	
Address:			
Treasurer	:		
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direct	otors.	
The offic are true a a third do	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that the facts sund that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.	itated h	erein titutes

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OURCROWD MANAGEMENT (US), 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 TWENTY-FIFTH DAY OF MAY, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OURCROWD MANAGEMENT (US), INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2013.

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

5306812 8300

SR# 20163728397

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

Authentication: 202380607

Date: 05-25-16