

F16000005722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

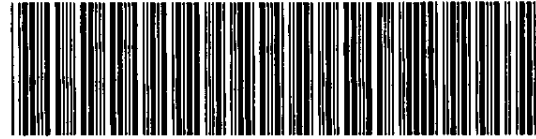
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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FILED

DEC 29 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celonis Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nancy Davis

Name of Person

Registered Agents Legal Services

Firm/Company

1013 Centre Rd, Suite 403S

Address

Wilmington, DE 19805

City/State and Zip code

b.aiken@celonis.com

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

For further information concerning this matter, please call:

Alex Rinke

212

271-9382

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 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.*

Celonis Inc.

1.

(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)

New York

2.

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

July 7, 2016

4.

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

⑥

12/18/16

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

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

⑦

950 Brickell Bay Dr., Apt 1700, Miami FL 33131

(Principal office address)

1820 Ave. M, Unit 544 Brooklyn, NY 11230

(Current mailing address, if different)

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

Name:

Registered Agents Legal Servies, LLC

Office Address:

155 Office Plaza Drive, Suite A

Tallahassee

(City)

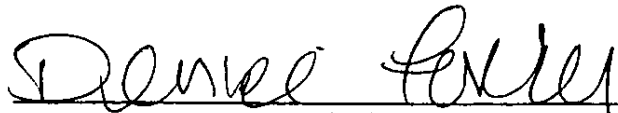
, Florida

32301

(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.



(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.

16 DEC 28 PM 16
TALLAHASSEE, FL 32301
FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alex Rinke

Address: 146 West 25th St. Unit 9

New York, NY 10001

Director: Bastian Nominacher

Address: 146 West 25th St. Unit 9

New York, NY 10001

B. OFFICERS

President: Alex Rinke

Address: 146 West 25th St. Unit 9

New York, NY 10001

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

K 12. [Signature]

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. BRIGHTIE AIKEN, CFO Consultant

(Typed or printed name and capacity of person signing application)

**State of New York
Department of State } ss:**

I hereby certify, that CELONIS, INC. a DELAWARE corporation, filed an Application for Authority to do business in the State of New York on 07/07/2016. I further certify that so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 16th day of December
two thousand and sixteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State