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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CS DISCO, INC.			
SOBJE		of corporation	- must include suffix	
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign Co tate of Existence," or "Certificate ferenced foreign corporation to to	of Good Stan	ding" and check are sub	
	eturn all correspondence concerni PORATION	ing this matter	to the following:	
		Name of I	Person	
		Firm/Com	pany	
26025 M	IUREAU RD STE 120		, 	
CALAB	ASAS, CA 91302	Addre	SS	
PROCES	SSING@MYCORPORATION.COM	City/State ar	id Zip code	
	E-mail address	: (to be used f	or future annual report n	otification)
For furtl	ner information concerning this m	atter, please c	all:	
PROCES	SSING DEPARTMENT	818	224-7639	
	Name of Person	at (Area Code	Daytime Teleph	none Number
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed	is a check for the following amo	ount:		
□ \$70.0	00 Filing Fee		\$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.

Delaware	able in Florida, enter alternate corporate name ado		siness in Florida)
(State or country under the law of which it is incorporated) 12/2/2013		(FEI number, if applicable)	
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
Variation and atmospheric	(Current mailing ac		17 AFR 21
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. B Legaline Corporate Services Inc.	ox NOT acceptable)	-
ce Address:	5237 Summerlin Commons, Suite 400	_	မ္
	Fort Myers	, Florida	
	(City)	(Zip code)	
ing been nam	nt's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment		

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. Names and business addresses of officers and/or directors: A. DIRECTORS Kiwi Camara Director: 4400 Post Oak Pkwy Sutie 2700 Houston, TX 77027 Krishna Srinivasan Director: 805 Las Cimas Pkwy Sutie 125 Austin, TX 78746 Bob Goodman Director: 1865 Palmer Ave., Suite 104 Larchmont, NY 10538 Aaron Clark Director: 100 Morgan Keegan Dr Suite 500 Little Rock, AR 72202 **B. OFFICERS** Kiwi Camara President: 4400 Post Oak Pkwy Sutie 2700 Houston, TX 77027 Address: Vice President: ____ Address: Carolin Cohen Secretary: 4400 Post Oak Pkwy Suite 2700 Houston, TX 77027 Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Kiwi Camara, President (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CS DISCO, 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 FIFTEENTH DAY OF MARCH, A.D. 2017.

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Authentication: 202197237

Date: 03-15-17