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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEEP INSTINCT (USA) 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:

EFRAT TURGEMAN

Name of Person

DEEP INSTINCT (USA) INC.

Firm/Company

501 FOLSOM ST., STE 400

Address

SAN FRANCISCO, CA 94105

City/State and Zip code

EFRAT@DEEPIINSTINCT.COM

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

For further information concerning this matter, please call:

EFRAT TURGEMAN

845

425-0077

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.*

DEEP INSTINCT (USA) 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)

2. DELAWARE 3. 36-4817322
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/1/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 05/15/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 FOLSOM ST., STE 400, SAN FRANCISCO, CA 94105
(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE, Florida 33470
(City) (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.

Tana Vaughn Tana Vaughn on behalf of InCorp Services, Inc.
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: LANE BESS

Address: 501 FOLSOM ST., STE 400, SAN FRANCISCO, CA 94105

Vice Chairman:

Address:

Director: DAVID BLUMBERG

Address: 501 FOLSOM ST., STE 400, SAN FRANCISCO, CA 94105

Director:

Address:

B. OFFICERS

President: GUY CASPI

Address: 23 HISIN ST., TEL AVIV 6428425, ISRAEL

Vice President:

Address:

Secretary:

Address:

Treasurer: EFRAT TURGEMAN

Address: 501 FOLSOM ST., STE 400, SAN FRANCISCO, CA 94105

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

12. _____

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. EFRAT TURGEMAN, CFO

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

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEEP INSTINCT (USA) 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-SEVENTH DAY OF APRIL, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEEP INSTINCT (USA) INC." WAS INCORPORATED ON THE FIRST DAY OF SEPTEMBER, A.D. 2015.

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



5814040 8300

SR# 20172840728

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202443181

Date: 04-27-17