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(Requestor's Name) (Address) (Address)	500320303765
(City/State/Zip/Phone #)	11/02/1801013013 ★+70.©0
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 18 NOV -2 PH 4: 17 ALL MASSEE FLORED.

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## 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.

t.	13.8, Inc.									
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.")									
I	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)									
2.	Delaware 3. 47-5095108									
	Delaware     3.     47-5095108       (State or country under the law of which it is incorporated)     (FEI number, if applicable)									
4.	9/10/2015 5. Perpetual (Data of function, if other than perpetual)									
	(Date of incorporation) (Date of duration, if other than perpetual)									
6,	1/1/2016									
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)									
7.	2275 E. Bayshore Road, Suite 108, Palo Alto, CA 9430# 3									
	(Principal office address)									
_	(Current mailing address, if different)									
8.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	18 NON -5								
Oľ	ice Address: 12829 Briarlake Dr., Unit 1.101	РН								
	Name: <u>Ari A. Chaney</u> Tice Address: <u>12829 Briar lake Dr. Unit 1-101</u> <u>Palm Beach Gardens</u> . Florida <u>33418</u> (City) (Zip code)	4: 17								

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.



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:

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A. DIRE													
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B. OFFI	CERS												
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Secretary:				<u> </u>	<u> </u>		<u></u>	<b>.</b>				5	<u> </u>
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Treasurer:													
Address: _													·
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12.				M									
The office	er or director	· signing t	his docum		ature of I				we) aff	ūrms th	at the facts	stated he	rein
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(Typed or printed name and capacity of person signing application)



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "13.8, 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 OCTOBER, A.D. 2018.

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SR# 20187139026 You may verify this certificate online at corp.delaware.gov/authver.shtml

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Authentication: 203614307 Date: 10-15-18

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