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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:		_	 

## FOREIGN PROFIT/NONPROFIT CORPORATION

Thrive Financial Inc.

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Electronic Filing Menu

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Corporate Filing Menu

Help

## 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.

"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")		
(If name unavaila		adopted for the purpose of transacting business i	n Florida)
		(FEI number, if applicable)	
4(Date	of incorporation)	(Date of duration, if other than perpet	ual)
6276 Shipley St, Sa	(SEE SECTIONS 607.1501 & 607. n Francisco, CA 94107	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	DOIS JUL
	(Prince eld Rd, Mountain View, CA 94043	ipal office address)	多里 [
8. Name and stree	(Current mai t address of Florida registered agent: (P Voorp Services, LLC	O. Box NOT acceptable)	H 4: 18
Office Address:	5011 South State Road 7, Suite 106	<del></del>	
Office Address.	Davie	33314 Florida	
	(City)	, Florida(Zip code)	
designated in this	ed as registered agent and to accept set	rvice of process for the above stated corpora itinent as registered agent and agree to act to s relative to the proper and complete perform of my position as registered agent.	m mis capacis.

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 direction	ctors
---	-------

A. DIRECTORS	
Chairman:	
Address:	
	·
Director:	
276 Shipley St	
San Francisco, CA 94107	
Siddharth Batts   Director:	
276 Shipley St	7 70
San Francisco, CA 94107	ALLEC SI
David Oliver Sacks	
Director: 855 Front St	OF THE
Address: San Francisco, CA 94111	19 E
	982 18
B. OFFICERS  Deepak Rao	OR P
President:	
276 Shipley St Address:	
San Francisco, CA 94107	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	and officers and/or directors
NOTE: If necessary, you may attach an addendum to the application listing addition 12. Declark for	ital Orticols and or an ectors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.  Deepak Rao, President	affirms that the facts stated herein the Department of State constitutes
13. (Typed or printed name and capacity of person signing appl	ication)

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THRIVE FINANCIAL 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 NINETEENTH DAY OF JUNE, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THRIVE FINANCIAL INC." WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, A.D. 2017.

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

2019 JUL -5 PH 4: 18
SECRETARY OF STATE
TALLAHASSEF, FI OBINA

Authentication: 203055841

Date: 06-19-19

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