FIGCOUNTY

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

			٨	Account#:	120000	880000	}
Date: 09	9/06/2019			-1 	2319 823		
	Chris Vic	k		37			
	11253			U` 'U' 1'			
			SYSTEMS, INC	C	10000	- 	
					년 기	ω	
✓ Articles	of Incorporation//	Authorization to	Transact Busine				
☐ Amendn	nent						
Change	of Agent						
Reinstat	ement				<u> </u>	2019	
☐ Convers	ion) ,: *-	9 SEP	I
☐ Merger						တ	
Dissolut	ion/Withdrawal					A	
Fictitious	s Name				;	08	
Other		/					
Authorized Am	ount:	\$1,020.00					
Signature:	1						

F: B00.944.6607

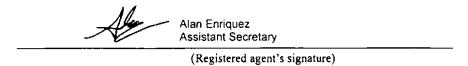
F: +852.2682.9790

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.

	Pantheon System	ms, Inc.	
	of corporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name una	available in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida	
	3	35-2387089	
(State or co	ountry under the law of which it is incorporated)	(FEI number, if applicable)	
	08/26/2010 5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	01/01/201	6	
	(Date first transacted business in Fk (SEE SECTIONS 607.1501 & 607.1502,		
	717 California Street, FL2, San		
	(Principal c	office address)	
	(Current mailing a	ddress, if different)	
Name and	street address of Florida registered agent: (P.O. E	lox <u>NOT</u> acceptable)	
Office Address:	ss: 115 North Calhoun Street, Suite 4	-	
	- " .	Florida 32301	
	Tallahassee	_ , Florida <u>32301</u>	

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:

A. DIRECTORS						
Chairman:	Rory O'Driscoll					
Address:	717 California Street, FL2, San Francisco, CA 94	108				
	Zachary Rosen					
	717 California Street, FL2, San Francisco, CA 94108					
Address:	7 (7 Odmornia Odost, 1 EE, Odministrator, O					
Director:	Chris Moody					
Address:	717 California Street, FL2, San Francisco, CA 94	108:				
	·					
Director:	Ned Gilhuly	(), (s)				
Address	717 California Street, FL2, San Francisco, CA 94	108年 三				
Address		5 5				
B. OFFICERS		3.5				
President:	Zachary Rosen					
Address:	747 0 W 1 0 1 1 5 0 0 1 5 0 0 0 0 0 0 0 0 0 0 0					
	Joshua Koenig					
Vice President:						
Address:	717 California Street, FL2, San Francisco, CA 94	108				
Secretary:	Mark Khavkin					
Address:	747 California Street El 2 Son Francisco CA 04	108				
Treasurer:	Mark Khaykin					
	717 California Street, FL2, San Francisco, CA 94	108				
NOTE: If necessary, yo	ou may attach an addendum to the application listing additional office	cers and/or directors.				
12.	//////////////////////////////////////					
are true and that he or sh	Signature of Director or Officer gning this document (and who is listed in number 11 above) affirm to is aware that false information submitted in a document to the Deprovided for in s.817.155, F.S.	s that the facts stated herein partment of State constitutes				
13	Mark Khavkin - Seemeling					
	(Typed or printed name and capacity of person signing application)					

Page 1

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "PANTHEON SYSTEMS, 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 SECOND DAY OF JULY, 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 "PANTHEON SYSTEMS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF AUGUST,

A.D. 2010.

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

Authentication: 203148988

Date: 07-02-19