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12/20/19

NAME: FEATHR, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hob

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: Feathr, Inc.				
	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	n by Foreign Corporation for "Certificate of Good State corporation to transact busin	inding" and check are subr		
Please return all correspor	dence concerning this matt	er to the following:		
Elisia Millett				
	Name o	f Person		
Hutchison, PLLC				
	Firm/Co	mpany		
3110 Edwards Mill Rd, Suit	e 300			2 <u>8</u> 15 <u>0</u>
	Add	lress		च्य
Raleigh, NC 27612				20
	City/State	and Zip code		
aleksander@feathr.co				M 10 2
	E-mail address: (to be used	for future annual report n	otification)	27
For further information co	ncerning this matter, please	call:		
Elisia Millett	at (829-4307		
Name of Person	Area Co	de Daytime Teleph	one Number	
STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on rations lahassee Street, Suite 810	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	
_ ' '	e following amount: b: FLORIDA DEPARTMEN 378.75 Filing Fee & Certificate of Status	T OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate o Certified Co	f Status &

• '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.

,				
n/a				
	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busing	ness in Florida)	
2. Delaware	y under the law of which it is incorporated) 3			
		(FEI number, if applicab	le)	
4. December 19, 2	of incorporation) 5			
(Date	of incorporation)	(Date of duration, if other than po	(Date of duration, if other than perpetual)	
6. December 19, 2	019			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Porida, if prior to registration) 2, F.S., to determine penalty liability)		
7. 550 SW 2nd Ave	e, Gainesville, FL 32601			
	(Principal office	street address)		
•	(Current mailing	address, if different)		
			26151	
8. Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	·	
Name:	Aidan L. Augustin		20	
	550 SW 2nd Ave			
			10:2	
Office Address:				
Office Address:	Gainesville	, Florida	:2	
Office Address:	Gainesville (City)	, Florida 32601 (Zip code)	<u>ار</u> (۱)	
		, Florida	27	
9. Registered ag	Gainesville (City) ent's acceptance: ned us registered agent and to accept service		7	
9. Registered ag Having been nam designated in this	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme.	of process for the above stated corp ont as registered agent and agree to a	oration at the place act in this capacity.	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme. comply with the provisions of all statutes rela	of process for the above stated corp ont as registered agent and agree to a ative to the proper and complete perj	oration at the place act in this capacity.	
9. Registered ag Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme.	of process for the above stated corp ont as registered agent and agree to a ative to the proper and complete perj	oration at the place act in this capacity.	
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name: Aidan Augustin	□ Chairman	Name: Aleksander Levental
□Vice Chairman	Address:	□Vice Chairman	Address: 550 SW 2nd Ave
Director	Gainesville, FL 320601	Director	Gainesville, FL 32601
President		□President	
□Vice President		□Vice President	-
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Frank S. Dalton	□ Chairman	Name:
□Vice Chairman	550 SW 2nd Ave	□Vice Chairman	550 SW 2nd Ave
Director	Gainesville, FL 320601	■ Director	Gainesville, FL 320601
□President		□President	
□Vice President		□Vice President	-
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	
	N.	Пог	D:> 20
	Name:	□Chairman 	Name:
	Address:		Address:
□Director		□Director	2
□President	1764	□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	ne attachment will be imaged partment of State Annual Re	I for reporting purposes only. Non-indexed port form.
12.			
12.		ector or Officer	<u> </u>

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.

Aleksander Levental, CEO



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

DELAWARE, DO HEREBY CERTIFY "FEATHR, 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 TWENTIETH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEATHR, INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 204269764

Date: 12-20-19