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Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 155336 7144729

AUTHORIZATION

COST LIMIT : \$/155.00 \(\cappa \)

7<u>.</u>... **26**...

ORDER DATE : January 28, 2020

ORDER TIME : 10:04 AM

ORDER NO. : 155336-015

CUSTOMER NO: 7144729

24 Den

FOREIGN FILINGS

NAME: VERIJET, INC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---------------------------------------|--|--|
| SUBJECT: Venjet, line. | | | |
| Name o | of corporatio | n - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr | of Good Sta | inding" and check are sub- | t Business in Florida." mitted to register the |
| Please return all correspondence concerning this matter to the following: | | 202 | |
| Josephine Chan | | | SECRETA |
| K&L Gates LLP | Name o | f Person | N 29 |
| | Firm/Co | mpany | |
| 4 Embarcadero Center, Suite 1200 | | • | STA LOR |
| | Add | ress | DE 8 |
| San Francisco, CA 94111 | | | |
| | City/State | and Zip code | |
| josephine, chan@klgates.com | · · · · · · · · · · · · · · · · · · · | | atification) |
| E-mail address | s; (to be used | For future annual report r | ourication) |
| For further information concerning this m | natter, please | call: | |
| Josephine Chan | at (| 882-8098) | |
| Name of Person | Area Co | de Daytime Telep | hone Number |
| STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 819 Tallahassee, FL 32303 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following am Please make check payable to: FLORIDA D \$70.00 Filing Fee \$78.75 Filin Certificate | EPARTMEN ng Fcc & | TOF STATE \$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.

| | able in Florida, enter alternate corporate n | ame | adopted for the purpose of transacting business in Florida) | - |
|----------------------------|---|-----------------------|--|-------|
| 2. Delaware | ! | _ 3. | 83-3396097 | _ |
| (State or count | ry under the law of which it is incorporated | 1) | (FEI number, if applicable) | |
| 4 | | 5. | Perpetual | _ |
| (1)at | e of incorporation) | | (Date of duration, if other than perpetual) | |
| 6. Upon filing | | | | |
| | · | | 502. F.S., to determine penalty liability) | |
| 7. 5030 Champion | Blvd., PMB 183-G6. Boca Raton, FL 3349 | Ж <u> </u> | 502. F.S., to determine penalty liability) ACCOLUMN ACCO | 7 |
| | Blvd., PMB 183-G6. Boca Raton, Fl. 3349 (Principal) (Current met address of Florida registered agent: | X6 I off nailin | ng address, if different) FLORI | FILED |
| | Blvd., PMB 183-G6. Boca Raton, Fl. 3349 (Principa (Current m | X6 I off nailin | ng address, if different) FLORA | TILED |
| 8. Name and stre | Blvd., PMB 183-G6. Boca Raton, Fl. 3349 (Principal) (Current met address of Florida registered agent: | X6 I off nailin | ng address, if different) FLORA | TILED |
| 8. Name and stree Name: | Blvd., PMB 183-G6. Boca Raton, Fl. 3349 (Principal) (Current met address of Florida registered agent: Corporation Service Company | X6 I off nailin | ng address, if different) FLORA | TILED |

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.

| Corpo By: | ration Service Company | Kadesha Roberson Asst. Vice President |
|--------------|--------------------------------|--|
| | (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.

A. DIRECTORS Richard Kane Thomas Wicky ■Chairman □Chairman □Vice Chairman Address: _____ Address: □ Vice Chairman 5030 Champion Blvd., PMB 183-G6 5030 Champion Blvd., PMB 183-G6 Director Director Boca Raton, FL 33496 Boca Raton, FL 33496 □President □President □ Vice President ☐Vice President □ Secretary □ Treasurer □ Secretary □Treasurer ■Other ____ ☐Other _____ □Other____ ☐ Other _____ Peter Diamandis □ Chairman □Chairman □ Vice Chairman Address: _____ ☐ Vice Chairman 5030 Champion ั้ธิโรส., PMB 183-G6-5030 Champion Blvd., PMB 183-G6 ■1)irector ■Director Boca Raton, FL 33496 Boca Raton, FL 33496 □President □ President □ Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Secretary □Other □Other □Other ___ □Other Stephen Wagman Name: David Treitel □ Chairman □ Chairman □Vice Chairman Address: ___ □Vice Chairman Address: _____ 5030 Champion Blvd., PMB 183-G6 5030 Champion Blvd., PMB 183-G6 Director □ Director Boca Raton, FL 33496 Boca Raton, FL 33496 □President □ President □Vice President ☐ Vice President Treasurer □Secretary □Treasurer ■Secretary □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Stephen Wagman, COO, CFO and Secretary



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

DELAWARE, DO HEREBY CERTIFY "VERIJET, 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-EIGHTH DAY OF JANUARY, A.D. 2020.

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

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2019.

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





Authentication: 202276811

Date: 01-28-20