## F20000001264

(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:		

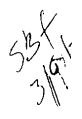




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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date:_	03/06/2020	
Name:	Chris Vick	
Refere	nce #:1195791	_
Entity I	Name:CLA	RIFAI, INC.
V	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	دع
V	OtherCERTIFIE	ED COPY UPON FILING
	, /	je S
Author	ized Amount: \$78.75	

F; 800.944.6607

Signature:

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Clarifai, Inc.			
	of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	te of Good St	anding" and check are subm	
Please return all correspondence concer-	ning this matt	er to the following:	
Matthew Zeiler			
	Name o	f Person	
Clarifal, Inc.			
	Firm/Co	mpany	
115 West 30th Street			
	Ado	lress	
New York , NY 10001			
•	City/State	and Zip code	
finance@clarifui.com	<b>,</b> ,	p	•
E-mail addre	ss: (to be used	for future annual report no	tification)
For further information concerning this	matter, please	e call:	
Peter Roth	at (	464-7326	707
Name of Person	Area Co	ode Daytime Telepho	one Number
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8: Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, PL	DRESS: 55 ction porations
Enclosed is a check for the following an Please make check payable to: FLORIDA I  \$70.00 Filing Fee  Certificate	DEPARTMEN ng Fee &	TOF STATE  \$78.75 Filing Pee &  Certified Copy	\$87.50 Filling Fee, Certificate of Status & Certified Conv

## 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.

Clarifai, Inc.		
(Enter name of o	corporation; must include "INCORPORATED, Corp, " "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
•		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Delaware	3.	
(State or countr	3, ry under the law of which it is incorporated)	(PEI number, if applicable)
4. 11/20/2013	5.	
(Date	of Incorporation)	(Date of duration, if other than perpetual)
6		
	(Date first transacted business in (SHE SECTIONS 607.1501 & 607.15	ı Florida, if priov to registration) i02, F.S., to determine penalty liability)
7 115 West 30th St	reet N.Y. N.Y. 10001	/
<i></i>	(Principal offic	ce <u>street</u> address)
	(Current mailin	g address, if different)
8. Name and street	et address of Florida registered agent: (P,O	. Box NOT acceptable)
Name:	Cogency Clobal , Inc.	
Office Address:	115 N CALLBOAN St. STEY TALLAHASSEE (City)	<u> </u>
	Tinllahassee	Florida 32301
	(City)	(Zip code)
9. Registered age	ent's acceptance:	:). را
Haying been nam	ed as registered agent and to accept service	ce of process for the above stated corporation at the place 📜
		nent as registered agent and agree to act in this capacity. 'I ' Plative to the proper and complete performance of my duti <del>es</del> ;
	ville and accept the obligations of my pos	
\_		Marisa Kugelmann
17	(Roginared agent rel	Marisa Kugermann Assistant Secretary
	*	
<ol><li>Attached is a contract of</li></ol>	certificate of existence duly authenticated, i State, by the Secretary of State or other of	not more than 90 days prior to delivery of this application to ficial having custody of corporate records in the jurisdiction

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,

□Chairman			
	Matthew Zeiter	Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address: 915 Breadway N.Y. N.Y. 10010
Director		Director	
□President		EJPresident	
Nice President		□Vice President	
III Secretary	☐Tressurer	□ Scoretary	☐ Treasurer
Other	□ Other	Olher	□Other
⊐Chalrman	Name:	□ Chairman	Name:
∃Vice Chairmaπ	Address: 2884 Sand Hill Rd Mono Park	□Vice Chairman	Address:
Director	CA, 94925	Director	
∏President		□ President	
JVice President		□ Vice President	
Secretary	☐Treasurer	Secretary	☐Treasurer
001h <b>er</b>	Other	C Other	Other
3Chahman	Name:	□ Chalimen	Name:
IVice Chairman	Address:	□Vice Chairman	Address:
Director		Director	Address:
] President		□ President	
JVIce President		□Vice President	<u></u>
1 Scoretary	C)Treasurer	☐Secretary ☐	Treasurer O
JOther	Other	□ Other	Other

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

DELAWARE, DO HEREBY CERTIFY "CLARIFAI, 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 FIFTH DAY OF MARCH, A.D. 2020.

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

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

WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2013.

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

7070 Win - 6 Willows

Authentication: 202525934

Date: 03-05-20