Division of Corporations

6/29/2020

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

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 KATAPULT GROUP, INC.

***I TRIED FAXING THIS ON 6/29 BEFORE 5:00, B YOUR FAX WAS DOWN AND I KEPT GETTING A "MODEM"BUSY" RESPONSE. PLEASE FILE AND GIVE 6/20/20 AS THE FILE DATE **

Certificate of Status	0
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JUL - 1 2020

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M SOLOMON

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.

Katapult Gro	orporation; must include "INCORPORATE	D," "COMPANY," "CORPORATION,"	
"lnc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business	iness in Florida)
Delaware		3	
(State or country	y under the law of which it is incorporated)	3(FEI number, if applicab	ole)
03/12/2012		5(Date of duration, if other than p	
(Date	of incorporation)	(Date of duration, if other than p	recreetual)
January 201	5		
	(Date first transacted business	s in Florida, if prior to registration) 1.1502, F.S., to determine penalty liability)	
27 W. 24th St., Suite 1101, New York, NY 10010			
		office street address)	יי איני
P.O. Box 20	019, 4 East 27th St., New York, N		्रिक्
	(Current ma	iling address, if different)	- · · · · · ·
			### JUN 20
Name and stree	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	
Name:	Capitol Corporate Services, Inc	<u>0.</u>	
ffice Address:	515 East Park Avenue 2nd Fl		64:1 64:1
	Tallahassee	Florida 32301	
	(City)	, Florida <u>32301</u> (Zip code)	
Registered ago Javino been nam	ent's acceptance: and as registered agent and to accept se	rvice of process for the above stated cor	poration at the place
sionated in this	application. I hereby accept the appoin	ntment as registered agent and agree to	act in this capacity.
irther agree to c nd I am familiar	omply with the provisions of all statute with and accept the obligations of my	es relative to the proper and complete per position as registered agent.	rjormance oj my au
	Krista Abair, Assistant Secretary on behalf		on behalf
	T-lat	of Capitol Corporate Services, In	nc.
	(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.

Kim Tadlock 8004323622

s.817.155, F.S.

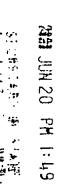
13. Derek Medlin, Chief Operating Officer

A. DIRECTORS			
Chairman	Name: Gene Lockhart	Chairman	Name: Bruce Taragin
Vice Chairman	Address: 27 W. 24th St., Suite 1101	☐Vice Chairman	Address: 27 W. 24th St., Suite 1101
☑Dircctor	New York, NY 10010	Director	New York, NY 10010
President		President	
Vice President		Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other
Chairman	Name: Don Gayhardt	Chairmar.	Name: Brian Hirsch
Vice Chairman	Address: 27 W. 24th St., Suite 1101	Vice Chairman	Address: 27 W. 24th St., Suite 1101
Director	New York, NY 10010	Director	New York, NY 10010
President		President	
☐Vice President		☐Vice President	9. isc (
Secretary	Treasurer	Secretary	Treasurer 2
Other	Other	Other	Other St. 20 TI
Chairman	Name: Orlando Zayas	Chairman	Name: Karissa Long
Vice Chairman	Address: 27 W. 24th St., Suite 1101	☐ Vice Chairman	
Director	New York, NY 10010	Director	New York, NY 10010
President		President	
☐ Vice President		☐ Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other Chief Executive Officer	Other Treast	Other Chief Financial Office
Important Notice: individuals may b	Use an attachment to report more than six (6). The are added to the index when filing your Florida Department	nent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
- June 1 lo	Signature of Director	or Officer	
The officer or dire	ector signing this document (and who is listed in numb	ber 11 above) affirms tartment of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in

(Typed or printed name and capacity of person signing application)

Attachment for Katapult Group, Inc.

Name	Title	Address
Derek Medlin	Chief Operating Officer,	27 W. 24th St., Suite 1101,
	Secretary	New York, NY 10010



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KATAPULT GROUP, 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 MAY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KATAPULT GROUP, INC." WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D. 2012.

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

5122344 8300 SR# 20203481116

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202881888

Date: 05-05-20