F20000003296

| (Re | equestor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | · |
| (Cıt | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |
| | | |

Office Use Only



900349193339





JUL 30 2020 M. SOLOMON



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

Account#: I20000000088

| Date: | 07/29/2020 | |
|------------------------|--------------------------------------|-------------------------|
| Name: | | |
| Reference | e #:1248546 | |
| Entity Nar | me:CIRCA | DIAN RISK INC. |
| | | |
| ✓ Art | icles of Incorporation/Authorization | on to Transact Business |
| Am | nendment | |
| Ch | ange of Agent | |
| Re | instatement | |
| Co | nversion | |
| ☐ Me | erger | |
| ☐ Dis | solution/Withdrawal | |
| ☐ Fic | titious Name | |
| ☐ Oth | ner | |
| Authorize Signature | d Amount: / \$70.00 | <u>.</u> |

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.

| CIRCADIAN RISK INC. | | | | | |
|---------------------|---|---------------------------------------|---|---------------------|-----------|
| | rporation; must include "INCORPORATED,' rp," "Inc," "Co," or "Corp.") | ' "COMPANY," | " "CORPORATION," | | |
| If name unavaila | ble in Florida, enter alternate corporate name | adopted for the p | ourpose of transacting bu | isiness in Florida) | |
| | DE 3. | | | | |
| (State or country | under the law of which it is incorporated) | | (FEI number, if application | able) | |
| | 5/5/2016 5. | | | | |
| (Date | (Date of incorporation) | | (Date of duration, if other than perpetual) | | |
| | _ | | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | | | | |
| | 206 East Huron Street, | Ann Arbor, M | 11 48104 | | |
| | (Princip | oal office address | s) | | |
| - | (Current mailir | ng address, if dif | ferent) | igen tiglig est | 2020 |
| Name and stree | t address of Florida registered agent: (P.C | D. Box <u>NOT</u> a | cceptable) | ≥ Ch. | را. ال |
| Name: | COGENCY GLOBAL INC. | | | # * * | 52 |
| fice Address: | 115 North Calhoun Street, Suite | 4_ | | * | 9: 9: |
| | Tallahassee | , Florida | 32301 | 450000 | ည် နာ |
| | (City) | · · · · · · · · · · · · · · · · · · · | (Zip code) | • | |

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.

All assultation (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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

| Chairman: | Daniel R. Young | | |
|--|---|----------------------------|------------------|
| Address: | 206 East Huron Street, Ann Arbor, MI 48104 | | - |
| Vice Chairman: | Gustave K Lipman | | |
| | 161 East 79th Street, Apt 10B, New York, NY 10075 | | |
| Director: | | | |
| Address: | | | - |
| | | | |
| | | I ea- | 202 |
| B. OFFICERS | | ye me | JUL 2 |
| President: | Daniel R. Young | ib : 74 | <u>~</u> |
| Address: | 206 East Huron Street, Ann Arbor, MI 48104 | 2 0 | <u>5:</u> |
| | | | <u>유</u> |
| Vice President: | | <u> </u> | |
| Address: | | | |
| Secretary: | Daniel R. Young | | |
| Address: | 206 East Huron Street, Ann Arbor, MI 48104 | | |
| Treasurer: | Daniel R. Young | | |
| Address: | 206 East Huron Street, Ann Arbor, MI 48104 | | |
| NOTE: If necess | ary, you may attach an addendum to the application listing additional officers and/or c | lirectors. | |
| The officer or dire are true and that h | Signature of Director or Officer ector signing this document (and who is listed in number 11 above) affirms that the factor she is aware that false information submitted in a document to the Department of any as provided for in s.817.155, F.S. | ets stated h State cons | erein titutes |
| 13 | Daniel R. Young Daniel and | | |



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

DELAWARE, DO HEREBY CERTIFY "CIRCADIAN RISK 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-NINTH DAY OF JULY, 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 "CIRCADIAN RISK INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2016.

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

Authentication: 203366706

Date: 07-29-20