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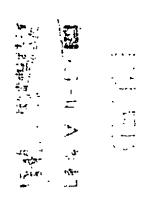
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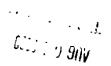
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COVER LETTER '

| Division | of Corporations | | |
|---|---|---|---|
| SUBJECT: | Benevate Inc | | |
| | Name of corpora | tion - must include suffix | |
| Dear Sir or Mada | m: | | |
| "Certificate of Ex | oplication by Foreign Corporation sistence," or "Certificate of Good Storeign corporation to transact but | Standing" and check are subr | |
| Please return all c | correspondence concerning this ma | atter to the following: | |
| Jusin | Rusnak | | |
| | Name | e of Person | |
| Benerate | | | |
| | | Company | |
| 3423 Pie | edmont Ruad NE Ste | 550 | |
| | Α | ddress | |
| Atlanta, | CIA 30305 | <u>.</u> | |
| · | City/Sta | te and Zip code | |
| <u>Jusun.ru</u> | usnak@nzighburly sa E-mail address: (to be us | oftware.com | |
| | n-mail address: (to be us | ed for future annual report no | ottrication) |
| For further inform | nation concerning this matter, plea | se call: | |
| Jusin P | 16001V 700 | 2 . 814-17231 | |
| Name of | Person at (70) | Code Davtime Teleph | one Number |
| | | | |
| Registrati Division The Cent 2415 N. N | COURIER ADDRESS: ion Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303 | MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI | ection rporations |
| | ck for the following amount: payable to: FLORIDA DEPARTMI Fee | ENT OF STATE \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status of Certified Copy |



July 10, 2020

JASON RUSNAK 3423 PIEDMONT RD NE ATLANTA, GA 30305

SUBJECT: BENEVATE INC Ref. Number: W20000071800

We have received your document for BENEVATE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 620A00013485

Tracy L Lemieux Regulatory Specialist II

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.

| 1. Benevat | e Inc | | | | | | |
|---------------------|--|------------------|------------------|--------------------|--|-------------------|------------------|
| (Enter name of co | orporation; must include "INCORPORAT | ED." "C | OMPANY, | " "CORPORA" | ΓΙΟΝ." | | |
| "Inc.," "Co.," "Co | orp," "Inc," "Co," or "Corp.") | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (If name unavaila | ble in Florida, enter alternate corporate n | ame adop | ted for the p | purpose of trans | acting bu | siness ir | n Florida) |
| 2. Delawa | sunder the law of which it is incorporated | _ 3 | <u> 61 - 08</u> | 80368 | | | |
| (State or country | under the law of which it is incorporated | i) | | (FEI number, | if applica | ble) | |
| 4. Decemb | er 1,2015 | 5. | | | | | |
| (Date | er 4, 2015 of incorporation) | | (Date | of duration, if or | her than | perpetua | al) |
| 6 | July 16 2020 | | | | | | |
| 0. | JULY 15 2020 (Date first transacted busine (SEE SECTIONS 607.1501 & 60 | ess in Flo | rida, if prio | r to registration) | | | |
| | | | | • 1 i | | | ac Cac |
| 7. 3423 P | iedmunt Road NE 5- (Principa | te 5 | 50 | Atlant | at | X | 000 |
| | (Principa | office <u>st</u> | reet addres | s) | • | | |
| | | | | | | | |
| | (Current n | ailing ad | dress, if diff | ferent) | | | |
| | | | | | | | |
| 8. Name and street | t address of Florida registered agent: | (P.O. Bo | ox <u>NOT</u> ac | cceptable) | | | |
| Name: | Donna Harrison | | | | * | | |
| Name: | 17011112 11011 13011 | | _ | | Contraction of the contraction o | ق <i>ت</i> بة | 1.1 |
| Office Address: | 6773 Tamarina C | ircle | _ | | 17. | 2. | , , , , |
| | taddress of Florida registered agent: Donna Harrison 6773 Tamarind C Orlando (City) nt's acceptance: | | . Florida | 32819 | | <u>-</u> | |
| | (City) | <u> </u> | | (Zip code) | | \rightarrow | * ~ i |
| O D : - 1 | 43 | | | | 44 mg - 1 | , v | Now 1 |
| 9. Registered age | nt's acceptance: 2d as registered agent and to accept s | | | | | | m at the ole |
| | application, I hereby accept the appo | _ | - | | | - | _ |
| further agree to co | omply with the provisions of all statu | es relati | ve to the p | roper and con | iplete pe | rforma | ince of my i |

Registered agent's signature

and I am familiar with and accept the obligations of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicunder the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| □Chairman | Name: John Juson Rusnuk | □Chairman | Name: | |
|--|--|--|--------------|----------------------------|
| □Vice Chairman | Address: 3652 Mayfair Road | □Vice Chairman | Address: | <u>.</u> |
| □Director | Atlanta, GA 303+2 | □Director | | |
| President | | □President | | |
| □Vice President | | □Vice President | | |
| Secretary | ☐Treasurer | □Secretary | | □Treasurer |
| □Other | Other | □Other | | Other |
| □Chairman | Name: Chris Behm | □Chairman | Name: | |
| □Vice Chairman | Address: 2086 Lake Windward Dive | □Vice Chairman | Address: | |
| □Director | Alpharetta, GA 3.0005 | □Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| SS Secretary | □Treasurer | □Secretary | | □Treasurer |
| Other | Other | □Other | . | □Other |
| □Chairman | Name: | □Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| □Director | | □Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| ☐ Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| Other | Other | □Other | | □Other |
| The officer or directions is aware that fas. 817.155, F.S. | Jse an attachment to report more than six (6). The attack added to the index when filing your Florida Department Signature of Director or stor signing this document (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the Department (and who is listed in number lise information submitted in a document to the document listed in a document liste | t of State Annual Re Officer 11 above) affirms the | eport form. | ed herein are true and tha |

J. Jason Kusnak / PRESIDENT

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

State Of Delaware

Entity Details

6/17/2020 10:33:22

File Number: 5898722

Entity Name: BENEVATE INC.

Entity Kind: Corporation

Residency: Domestic

Status: Good Standing

Registered Agent Information

Name: WILLIAM BERRY

Address: 30811 EDGEWATER DRIVE

City: LEWES

State: DE

Phone:

Incorporation Date / Formation Date: 12/4/2015

Entity Type: General

State: DELAWARE

Status Date: 12/4/2015



Country:

Postal Code: 19958