F200000372

(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				
W2000090249				

Office Use Only



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7/31/10

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 384526 / 4321805

AUTHORIZATION

COST LIMIT : \$ 870.00

ORDER DATE : August 12, 2020

ORDER TIME : 12:38 PM

ORDER NO. : 384526-020

CUSTOMER NO: 4321805

FOREIGN FILINGS

NAME: AMINO, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY ___ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62968

EXAMINER:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2020

CSC

SUBJECT: AMINO, INC.

Ref. Number: W20000090249

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

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$300.00.

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.

Yvette Scott Document Specialist II

Letter Number: 420A00015557

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJI	ECT:	Amino, Inc.			
		Nam	e of corporation	on - must include suffix	
Dear Si	ir or M	adam:			
"Certifi	icate of	"Application by Foreign of Existence," or "Certificated foreign corporation to	te of Good Sta	anding" and check are su	المناجية والمتعالية والمتعالية والمتعالية والمتعالية والمتعالية والمتعالية والمتعالية والمتعالية والمتعالية وا
Please	return a	all correspondence concer	ning this matt	er to the following:	AUG TH
Amino,	Inc.				
			Name o	f Person	nominted to register tine PA 4: 46
			Firm/Co	mpany	744 6
с/о Соп	poration	Service Company			7
			Add	ress	
1201 Ha	ays Stre	et, Tallahassee, Florida 323	01		
			City/State	and Zip code	
legal@a	mino.c	om		•	
		E-mail addre	ss: (to be used	for future annual report	notification)
For furt	her inf	ormation concerning this	matter, please	call:	
Sarah Bimber			at (⁴¹⁵⁾	598-5798 x805	
Name of Person			Area Co	de Daytime Telep	phone Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ake che	heck for the following am ck payable to: FLORIDA D g Fee	EPARTMEN ng Fee & 〔	Γ OF STATE □ \$78.75 Filing Fee & Certified Copy	S87.50 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.

(Enter name of	Amino, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
(If name unavai	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)				
2. Delaware		3 46-361499				
(State or count	ry under the law of which it is incorporated	(FEI number, if applicable)				
4. 09/04/2013						
(Date	of incorporation)	5. (Date of duration, if other than perpetual)				
6. 11/25/2018						
7. 25 Taylor Street,	Suite 208, San Francisco, California 94102	office street address)				
	(Current ma	iling address, if different)				
8. Name and stree	et address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)				
Name:	Name: Corporation Service Company					
Office Address:	1201 Hays Street					
	Tallahassee	Florida 32301				
	(City)	(Zip code)				
9. Registered age	ent'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.

> Amanda Robinson Asst. Vice President

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.

DocuSign Envelope ID: 25E1A046-B49B-4786-B031-DF816BB53193

A. DIRECTORS David Vivero Michael Marino Chairman (Chairman) □ Chairman Name: 25 Taylor Street, Suite 208 25 Taylor Street, Suite 208 □ Vice Chairman Address: ☐Vice Chairman Address: San Francisco, California 94102 San Francisco, California 94102 Director Director **■**President □President □Vice President □Vice President ☐ Secretary Treasurer ☐ Secretary □Treasurer Other ____ □Other _____ □Other _____ □Other ____ John Zdanowski Name: □ Chairman □ Chairman Name: _____ 25 Taylor Street, Suite 208 ☐ Vice Chairman Address: □Vice Chairman Address: ____ San Francisco, California 94102 ■ Director □ Director □ President □President □Vice President ___ ☐ Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary □ 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 _____ 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. Varid Vivero --- 1BC1575885E2452... 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.

David Vivero, Chief Executive Officer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMINO, 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 THIRTEENTH DAY OF AUGUST, 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 "AMINO, INC." WAS
INCORPORATED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2013.

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

Authentication: 203463233

Date: 08-13-20

5393396 8300 SR# 20206731770