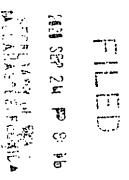
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Office Use Only



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COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	Simularity, Inc.				
Name of corporation - must include suffix					
Dear Sir or M	fadam:				
"Certificate of	"Application by Foreign Co of Existence," or "Certificate aced foreign corporation to tr	of Good Standing	" and check are submitte		
Please return	all correspondence concerni	ng this matter to th	ne following:		
Kelly S Boyd					
		Name of Pers	on		
Montgomery I	Pacific LLP				
		Firm/Company	¥		
150 Spear Stre	eet S-800				
		Address			
San Francisco	, CA 94105			numb;	
		City/State and Z	ip code		
kelly@montgo	omerypacific.com				
	E-mail address	to be used for fu	iture annual report notifi	cation)	
For further in	formation concerning this m	atter, please call:			
Kelly S Boyd	at (415) 250-0343				
Nam	ne of Person	Area Code	Daytime Telephone	Number	
Regis Divis The (2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	
	check for the following amore theck payable to: FLORIDA DI ling Fee	EPARTMENT OF g Fee & \qu		\$87.50 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.

Simularity, Inc.				
(Enter name of	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORAT	TION,"	
(If name unava	ilable in Florida, enter alternate corporate name	e adopted for the purpose of transa	acting business in Florida)	
2. Delaware	3	3. 45-3090722		
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
August 8, 2011				
(Dar	te of incorporation)	(Date of duration, if other than perpetual)		
6. July 1, 2019				
7 3903 W Angele:	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 s Street, Tampa, FL 33629-5820	in Florida, if prior to registration) 1502, F.S., to determine penalty li		
· · · · · · · · · · · · · · · · · · ·	(Principal of	fice <u>street</u> address)		
	(Current maili	ing address, if different)	- Limbarry , ,	
8. Name and stre	eet address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	THE SECTION OF THE SE	
Name:	Elizabeth Derr		7 3 3	
Office Address:	3903 W Angeles Street	·	SE 21	
	Татра	, Florida		
	(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.

Elizabeth Leu
(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.

A. DIRECTORS	•					
□ Chairman	Name:	□ Chairman	Name: Raymond Derr			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Tampa, FL 33629-5820	Director	Tampa, FL 33629-5820			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer			
□ Other	□Other	Other	Other			
□ Chairman □ Vice Chairman ■ Director □ President □ Vice President □ Secretary □ Other	Peter Anthony A. Abaya 3903 W Angeles Street Address: Tampa, FL 33629-5820 □Treasurer □Other	□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	□Treasurer			
□ Director □ President □ Vice President □ Secretary □ Other Important Notice: individuals may be	Name: Address: Treasurer Other Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department of Signature of Director or	□ Director □ President □ Vice President □ Secretary □ Other hment will be image at of State Annual Re	d for reporting purposes only. Non-indexed			
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.						
Flizaheth Da	err Director					

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

DELAWARE, DO HEREBY CERTIFY "SIMULARITY, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2020.



Authentication: 203641582

Date: 09-11-20