10/13/2020

Division of Corporations

Florida Department of State Since Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

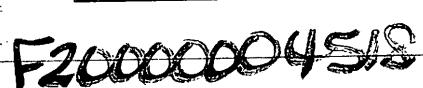
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FOREIGN PROFIT/NONPROFIT CORPORATION

Zendrive, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRA BUSINESS IN FLORIDA	ANSACT
ATTEICATION BY TORBION COMPONENTS	
BUSANESS IN FLOORIDA 6	

Zendrive, Inc.		ACCEPTON TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL
(Enter name of co "Inc" "Co" "Co	(poration; must include "INCORPORATED," "(rp," "Inc," "Co," or "Corp,")	COMPANY, "CORPORATION,
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)
Delaware	3	
	under the law of which it is incorporated)	(FEI number, if applicable)
01/18/2013	5. <u>P</u> o	erpetual
	of incorporation)	(Date of duration, if other than perpetual)
Upon Qualificati	on	
000 MADLETT CT	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	E. F.S., to determine penalty liability)
	- STE LAW - 3/13 PRAING INCAS S/1 /7 (1)	
289 MWKWI: 1-2-1	STE 1300, SAN FRANCISCO, CA 94111 (Principal	office address)
	(Principal	office address)
	(Principal	office address) address, if different)
same	(Principal (Current mailing	address, if different)
same	(Principal	address, if different)
same	(Principal (Current mailing	address, if different)
Name and street Name:	(Principal (Current mailing t address of Florida registered agent: (P.O. CT Corporation System	address, if different)
Same Name and <u>stree</u> Name:	(Principal) (Current mailing) (address of Florida registered agent: (P.O.)	address, if different) Box NOT acceptable)
Name and street Name:	(Principal (Current mailing) (address of Florida registered agent: (P.O. C.T. Corporation System 1200 South Pine Island Road Plantation	address, if different) Box NOT acceptable) Florida 33324
Name and street Name:	(Principal (Current mailing) (Current mailing) (address of Florida registered agent: (P.O. (C.T. Corporation System) (200 South Pine Island Road)	address, if different) Box NOT acceptable)
Name and street Name: Name: Registered agaving been namesignated in this	(Current mailing 1 address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointments of all statutes recognitions.	Box NOT acceptable) Florida 33324 (Zip code) e of process for the above stated corporation at the pent as registered agent and agree to act in this capacitative to the proper and complete performance of my
Name and street Name: Name: Registered aglaving been namesignated in this	(Current mailing t address of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application. I be refly accept the appaintment	Box NOT acceptable) Florida 33324 (Zip code) e of process for the above stated corporation at the pent as registered agent and agree to act in this capacitative to the proper and complete performance of my
Name and street Name: Name: Street Name: Str	(Current mailing Laddress of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointment omply with the provisions of all statutes refamiliar with and accept the obligations of	Box NOT acceptable)

the Department of State, by the Secretary of State or other official having custody of corporate records in th under the law of which it is incorporated.

11. Name	es and business addresses of officers and/or directors:	
A. DIRE	CCTORS	
Director	Jonathan Matus	
Address:	388 Market Street, Suite 1300, San Francisco, CA 94111	.
•		
- Director	Max Ventilla	
Address	388 Market Street, Suite 1300, San Francisco, CA 94111	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Disactor	Ran Makavy	
	388 Market Street, Suite 1300, San Francisco, CA 94111	
Milliess.		
Diesolom	Brian Yee	
	388 Market Street, Suite 1300, San Francisco, CA 94111	
Andress:		
	The Hattan	
	Tom Hutton 388 Market Street, Suite 1300, San Francisco, CA 94111	
Address:		
B. OFF	i	
Chief Op	perating Officer: Ramsey Masri	
Address:	388 Market Street, Suite 1300, San Francisco, CA 94111	
Secretary	··	<u> </u>
Address:		
Treasure	r:	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors	
12	Ramsey Masri	
ers	Signature of Director or Officer icer or director signing this document (and who is listed in number 11 above) affirms that the facts stated and that he or she is aware that false information submitted in a document to the Department of State ed	t herein mstitutes
are true a third t	degree felony as provided for in s.817.155, F.S.	
13	Ramsey Masri, COO	<u> </u>
	(Typed or printed name and capacity of person signing application)	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ZENDRIVE, 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 OCTOBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203851502

Date: 10-13-20

5277018 8300

SR# 20207798178
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