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(Requestor's Name)				
(Äddress)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: Anedot, Inc.			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good Stand	ling" and check are subn	
Please return all corresponder	nce concerning this matter	to the following:	
Ashley Michelli			
	Name of P	Person	
Anedot, Inc.			
	Firm/Comp	pany	
1340 Poydras Street, Suite 1770	ı		
	Addres	SS	
New Orleans, LA 70112			
	City/State an	d Zip code	
accounting@anedot.com			
E-	mail address: (to be used for	or future annual report no	otification)
For further information conce	ming this matter, please ca	all:	- 3
Ashley Michelli	at (250-1301 ext. 204	~
Name of Person	Area Code	Daytime Teleph	one Number :
STREET/COURIEI Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	ons assee et. Suite 810	MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	LORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$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.

Anedot, Inc.		·	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION," .	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	isiness în Florida)
Delaware	3	45-5454743	
(State or country	y under the law of which it is incorporated)	(FEI number, if applied	able)
5/25/2012	5.	N/A	
(1)ate	of incorporation)	(Date of duration, if other than	perpetual)
10/26/2020			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
1340 Poydras Stre	eet, Suite 1770, New Orleans, LA 70112		
	(Principal of	fice street address)	
Same as above			
	(Current maili	ng address, if different)	,
Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Registered Agents Inc.		
ffice Address:	7901 4th Street N, Ste 300		6.3
	St. Petersburg	, Florida	<u></u>
	(City)	(Zip code)	
D			59
	ent's acceptance: ed as registered agent and to accept serv	ice of process for the above stated co	rnoration at the plac
signated in this rther agree to co	application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my po	ment as registered agent and agree to relative to the proper and complete po	act in this capacity
	_		
	Rick N		
_	(Pagistoral numeric	Simutural	-
_	Registered agent's 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS							
□Chairman	Name: Paul Dietzel	□Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Suite 1770	Director	Suite 1770				
President	New Orleans, LA 70112	□President	New Orleans, LA 70112				
□Vice President		■ Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other	□Other				
	Alex Robertson		Peyton Bush Name:				
□Chairman	Name: 1340 Povdras Street	□ Chairman					
□ Vice Chairman	Address: 1340 Poydras Street Suite 1770	□Vice Chairman	Address: 1340 Poydras Street Suite 1770				
Director		Director					
□President	New Orleans, LA 70112	□President	New Orleans, LA 70112				
□ Vice President		□Vice President	<u> </u>				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	n C				
□President		□President	: >				
		□ Vice President					
☐ Secretary	☐Treasurer	☐ Secretary	☐Treasurer>				
Other	□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. 12. 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.

Paul Dietzel, CEO



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

DELAWARE, DO HEREBY CERTIFY "ANEDOT, 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 TWENTIETH 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 SAID "ANEDOT, INC."

WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2012.

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

Authentication: 203901333

Date: 10-20-20

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SR# 20207934540