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**DATE:** 12/2/20

NAME:

SUPERPEDESTRIAN, INC.

TYPE OF FILING: APPLICATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

abbie Hodge

#### **COVER LETTER**

	tration Section ion of Corporations				
SUBJECT:	Superpedestrian, Inc.				
	Name	e of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign C f Existence," or "Certificated foreign corporation to	te of Good Stand	ling" and check are sub-		
Please return	all correspondence concer	ning this matter	to the following:		
John Allwein					
		Name of F	erson	<del></del>	
<u> </u>		Firm/Com	pany	-	
84 Hamilton S	treet				
		Addre	SS		
Cambridge, M	A 02139				
		City/State an	d Zip code		
john.allwein@	superpedestrian.com				
	E-mail addre	ss: (to be used fo	or future annual report n	otification)	
For further in	formation concerning this	matter, please ca	all:		
John Allwein     at (978)     835-0924       Name of Person     Area Code     Daytime Teleph					
Nam	e of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following an eck payable to: FLORIDA I ing Fee	DEPARTMENT ing Fee &	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.

1. Superpedesti	nan, Inc.		
(Enter name o	of corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	
(If name unav	vailable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)
Delaware	·		
2. (State or con	antry under the law of which it is incorporated)	/EEL number if and	
Inly 20, 2017	2		
4.	Date of incorporation) 5.	(Date of duration if other t	hou namentual\
(L	rate of incorporation)	(Date of duration, if other ti	nan perpetuar)
6		<del> </del>	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501		v)
_ 84 Hamilton S	Street, Cambridge, MA 02139	, , , , , , , , , , , , , , , , , , , ,	,,
7	<del> </del>	c street address)	
•	(i meipar ome	antest dadress,	
<del>.</del>	(Current mailing	address, if different)	
	(Carrent manning	, address, in differently	2001 SECT
8 Name and st	treet address of Florida registered agent: (P.O.	Box NOT acceptable)	
	TRAC - The Registered Agent Company	Dox <u>1101</u> acceptable)	FILE PA
Name:	TRAC - The Registered Agent Company	<u> </u>	सिन्द रू रि
Office Address	236 E. 6th Avenue		्रं ३ ण
Office Address.	Tallahasee	, Florida	ED PH # 29
	(City)	(Zip code)	
Having been n designated in t further agree to	agent's acceptance: amed as registered agent and to accept service his application, I hereby accept the appointme o comply with the provisions of all statutes red liar with and accept the obligations of my posi	ent as registered agent and agre lative to the proper and complete	e to act in this capacity. I
	/s/ Brian Smith, Asst. Secretary of TRAC- Th	ne Registered Agent Company	
	(Registered agent's sig	nature)	_

under the law of which it is incorporated.

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

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

A. DIRECTORS		Officers				
□Chairman	Name:	□Chairman	Name:			
·	Address:	□Vice Chairman	Address: 84 Hamilton Street			
□Director	Cambridge, MA 02139	□Director	Cambridge, MA 02139			
President		□President				
□Vice President		■ Vice President				
Secretary	<b>■</b> Treasurer	Secretary	□Treasurer			
□Other	Other	Other	□Other			
□Chairman □Vice Chairman ■ Director	Name: Carlo Ratti  77 Massachusetts Ave 9-216  Cambridge, MA 02139	□Chairman □Vice Chairman □Director	Aleksandar Zorovic  Name:  84 Hamilton Street  Cambridge MA 02139			
□President		President				
□Vice President		□Vice President	СГО			
Secretary	□Treasurer	Secretary	□Treasurer			
Other	□ Other	Other	Other			
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chai⊓nan □Director	Name:			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	□ Secretary	☐Treasurer			
Other	□Other	Other	Other			
The officer or direct	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department (and who is listed in number information submitted in a document to the Depart	ent of State Annual Re or Officer r 11 above) affirms th	at the facts stated herein are true and that he or			
13	Aleksandar Zorovic CFO					
(Typed or printed name and capacity of person signing application)						



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

DELAWARE, DO HEREBY CERTIFY "SUPERPEDESTRIAN, 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 SEVENTH 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 "SUPERPEDESTRIAN, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2012.

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

e at corp. delaware, gov/aut

Authentication: 203810115

Date: 10-07-20