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COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	Lattice Thinking, Inc.					
o o b o b o c i i	Na	ame of corporation	n - must include	suffix		
Dear Sir or M	adam:					
"Certificate of	"Application by Foreig f Existence," or "Certif ced foreign corporation	icate of Good Star	nding" and chec	o Transaci k are subn	t Business in Flori mitted to register tl	da," ic
Please return	all correspondence con-	cerning this matte	r to the followir	ıg:		
Gary Peters						
		Name of	Person			.>
Lattice Thinki	ng, Inc.					. <u> </u>
•	.	Firm/Cor	npany			
1033 Demonbr	reun St, Suite 300					٠.
		Addı	ress			
Nashville, TN	37203					
		City/State	and Zip code			
gary@uncappe	edmortgage.com					
_	E-mail ad	dress: (to be used	for future annua	al report no	otification)	
For further in	formation concerning th	his matter, please	call:			
Gary Peters		561 at (901-7475			
Nam	e of Person	Area Co) 901-7475 de Daytin	me Teleph	ione Number	
Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	RESS:	MA l Regi Divis P.O.	ILING AI	DDRESS: ection orporations	
Enclosed is a Please make ch ☐ \$70.00 File	•	A DEPARTMEN	T OF STATE \$78.75 Filing Certified Cop		\$87.50 Filing Certificate of Certified Co	f Status &

under the law of which it is incorporated.

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.

(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 33 Demonbreun St, Suite 300, Nashville, TN 37203 (Principal office street address) (Current mailing address, if different) ame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL (City) (City) Torida (Zip code)	ger the law of which it is incorporated) 5	(FEI number, if applicable) (Date of duration, if other than perpetual) (lorida, if prior to registration)	
(PEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name: Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL (City) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Paracorp to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) (Current mailing address) (Current mailing address, if different) In the paracorp Incorporated (FEI number, if applicable) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) (Current mailing address) (Current mailing address, if different) In the paracorp Incorporated (Current mailing address, if different) (Current mailing address, if different)	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Suite 300, Nashville, TN 37203	(FEI number, if applicable) (Date of duration, if other than perpetual) Torida, if prior to registration)	
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different)	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Suite 300, Nashville, TN 37203		
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Fice Address: Tallahassee, FL	(Current mailing a	address, if different)	-
Name: Paracorp Incorporated			1
Name: 155 Office Plaza Drive, 1st Floor	Iress of Florida registered agent: (P.O. I	Box NOT acceptable)	
Tallahassee, FL (City) , Florida 32301 (Zip code) Registered agent's acceptance:	racorp Incorporated		
Tallahassee, FL , Florida 32301 (City) (Zip code) Registered agent's acceptance:	5 Office Plaza Drive, 1st Floor		
(City) (Zip code) Registered agent's acceptance:	llahassee, FL	Florida 32301	
Registered agent's acceptance:			
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	ication, I nereby accept the appointments with the provisions of all statutes reli	nt as registerea agent and agree to act in in ative to the proper and complete performan	ee of m
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa- ther gares to comply with the provisions of all statutes relative to the proper and complete performance of my	and accept the obligations of my posit	tion as registered agent.	ee ay my
ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	, , , , , , , , , , , , , , , , , , ,	., .	
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m I I am familiar with and accept the obligations of my position as registered agent.			
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ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	(Registered agent's sign	nature)	
ving been named as		dress of Florida registered agent: (P.O. aracorp Incorporated 5 Office Plaza Drive, 1st Floor Ilahassee, FL (City) acceptance: s registered agent and to accept service dication, I hereby accept the appointme by with the provisions of all statutes religions.	dress of Florida registered agent: (P.O. Box NOT acceptable) aracorp Incorporated 5 Office Plaza Drive, 1st Floor Ilahassee, FL (City) (City) (City) acceptance: acceptance: acceptance: acceptance agent and to accept service of process for the above stated corporation lication, I hereby accept the appointment as registered agent and agree to act in the ly with the provisions of all statutes relative to the proper and complete performance.

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

DocuSign Envelope ID: D5619E38-E544-45B0-99D0-0D9A280C36E7 A. DIRECTORS Gary Peters □ Chairman Name: ______ □ Chairman 1033 Demonbreun St, Suite 300 ☐ Vice Chairman Address: Address: ☐ Vice Chairman Nashville, TN 37203 Director ☐ Director ☐ President □President ☐ Vice President ☐ Vice President □ Treasurer □ Secretary ☐ Treasurer □ Secretary ■Other ____ □Other _____ □Other _____ □Other ____ Name: _____ □Chairman □ Chairman Name: ______ Address: _____ ☐ Vice Chairman □Vice Chairman Address: ______ ☐ Director □ Director □President ☐ President □ Vice President □Vice President ___ □Treasurer Treasurer □ Secretary □ Secretary □Other _____ □Other ____ □Other _____ □Other _____ Name: ____ Name: _____ □ Chairman □ Chairman Address: □ Vice Chairman □Vice Chairman Address: ______ □Director □ Director □ President □ President ☐ Vice President □Vice President __ □ Treasurer □ Secretary □ 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 and beautiful to the index when filing your Florida Department of State Annual Report form. Gary Peters --- 2A95449FD2824EO... 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.

Gary Peters

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 3/3/2021

ENTITY NAME: Lattice Thinking, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LATTICE THINKING, 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 FIRST DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LATTICE
THINKING, INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D.
2018.

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

Authentication: 202622439

Date: 03-01-21

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