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SECRETARY OF STATE



	ĸ.	COVER LET	TER	
	istration Section sion of Corporations			
SUBJECT	MSIM, Inc.			
	N	ame of corporation - n	nust include suffix	
Dear Sir or I	Madam:			
"Certificate		ficate of Good Standin	horization to Transact Business g" and check are submitted to ren Florida.	
Please return	all correspondence cor	neeming this matter to	the following:	
Jasmyn Mon	tgomery			202 SE
		Name of Per	son	APR ALLE
APPROVED	Licensing			HARA R
		Firm/Compar	ıy	- 1
2001 M Stree	et NW, Suite 500	•	•	PH 2:
		Address	_	- in
Washington,	DC 20036	11321200		SS ATE
	· · · · · · · · · · · · · · · · · · ·	City/State and 2	 Zin code	
iasmvn@app	rovedlicensing.com	211,7.21		
	-	dress: (to be used for t	uture annual report notification)
For further i	nformation concerning t	his matter, please call:	·	
Jasmyn Mon	tgomery	at (202	349-8074	
Nai	ne of Person	Area Code	Daytime Telephone Numb	per
Reg Div The	REET/COURIER ADD istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suit		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is	<u> </u>	DA DEPARTMENT OF Filing Fee & S	78.75 Filing Fee & 💢 🔲 \$87.5	50 Filing Fec, ificate 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.	MSIM, Inc.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	N/A						
	(If name unavaila	ble in Florida, enter alternate corporate name	adop	ted for the purpose of trans	sacting busi	ness in	Florida)
2.	Delaware	3.	85-	3970602			
	(State or country	e or country under the law of which it is incorporated)		(FEI number, if applicable)			
4.	10/07/2020	5.	N/A	X			
	(Date of incorporation)		(Date of duration, if other than perpetual)				
6.	N/A						
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
7.	7. 6800 Burleson Rd., Bldg 312, Suite 125, Austin, Texas 78744						
		(Principal off	ice <u>st</u>	t <u>reet</u> address)		12	-
	N/A				<u> </u>		-170-
		(Current mail):	ng ad	dress, if different)	7	₹	
8.	Name and stree	t address of Florida registered agent: (P.0	Э. Во	ox NOT acceptable)	A PE	05	
	Name:	CT Corporation System		_			
Office Address: 1200 South Pine Island Road		-	_				
		Plantation		_ , Florida <u>33324</u>	_		
		(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.

Lisa D. DuBois, Assistant Secretary

(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.

DocuSign Envelope ID: 29ECF506-B165-4CC1-8AB5-673D5C5C2797 A. DIRECTORS Tracey Fellows Benjamin Rubenstein □ Chairman □Chairman 6800 Burleson Rd., Bldg 312, Suite 125 6800 Burleson Rd., Bldg 312, Suite 125 □ Vice Chairman Address: □Vice Chairman Address: Austin, TX 78744 Austin, Texas 78744 □ Director □ Director President □ President ☐ Vice President □Treasurer Treasurer □ Secretary □ Secretary Chief Revenue Officer □Other ____ □Other __ _ _ _ _ Bryan Charap □ Chairman □ Chairman 6800 Burleson Rd., Bldg 312, Suite 125 ☐ Vice Chairman □Vice Chairman Address: Address: ___ Austin, Texas 78744 □ Director □ Director □President □ President ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary Chief Financial Officer □Other _____ □Other □Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President President □ Vice President ____ □Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer 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

marria	Docusigned by:	ming your riorida Department or State Am	dar Report form.
12.	Benjamin Rubenstein		
	900600AB300641D	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.

Benjamin Rubenstein, Chief Revenue Officer

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MSIM, 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 FIFTH DAY OF MARCH, A.D. 2021.

2021 APR 12 PM 2: 05
SECRETARY OF STATE

3526896 8300 SR# 20210813994



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Date: 03-05-21