(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
0
Special Instructions to Filing Officer:

Office Use Only



900367140059

06/01/21--01004--005 **70.00

2821 HAY 28 AM 10: 31

5 0 1 702

Contime

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP:	Danny 5/28	_	
	CERTIFIED COPY			
<u>.</u>	РНОТОСОРУ			
	CUS			
•	FILING	Foreign INC-		
(COR	STATShip Tel	Foreign INC	C	
		-		
(COM	PORATE NAME AND DOCUMENT #)			
(CORF	ORATE NAME AND DOCUMENT #)			
(CORP	ORATE NAME AND DOCUMENT #)			
(= = = =	OSCILL HAME AND DOCUMENT#)		**,	
(CORP	ORATE NAME AND DOCUMENT #)			
(COPP)	OP ATT MAN OF THE PARTY OF THE	Ne:		·
	ORATE NAME AND DOCUMENT #)			
TION	'S:			
				 -
				

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.	STARSHIP TEC	CHNOLOGIES, INC.					
•	(Enter name of co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	_			
	(If name unavaila		opted for the purpose of transacting business in Florida	1)			
2.	DELAWARE		3-4010541				
4.		y under the law of which it is incorporated) 5					
			(Date of duration, if other than perpetual)	_			
Ο.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
7.		et, Unit 169 WeWork Transbay San Francisco, C					
		(Principal office	street address)	_			
		.0		_			
		(Current mailing a	address, if different)				
8	Name and stree	<u>t address</u> of Florida registered agent: (P.O. I	Sox NOT acceptable)				
٠.	Name:	Registered Agent Solutions, Inc.	Box NOT acceptable)				
Oi	ffice Address:	155 Office Plaza Dr. Suite A					
		Tallahassee		<u>;</u> -			
		(City)	(Zip code) —				
He de fu	aving been name signated in this rther agree to co	application, I hereby accept the appointmen	of process for the above stated corporation at the it as registered agent and agree to act in this cap itive to the proper and complete performance of i ion as registered agent.	pacity. I			
	_	a fe	Adam Saldana, Asst. Secretary				
		(Registered agent's signa	ature)				

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)D: 37327B9A-8F31-44F2-A3F6-0A5E6C16F3BE A. DIRECTORS

☐ Chairman Name: Anti Heinla ☐ Chairman Name: Arnd Schwierholz ☐ Chairman Name: 535 Mission Street. Unit 169 ☐ Vice Chairman Address: 535 Mission Street. Unit 169 ☐ Vice Chairman Address: 535 Mission Street.								
535 Mission Street, Unit 169 535 Mission Street								
	et, Unit 169							
□ Director WeWork Transbay □ Director WeWork Transbay								
■ President San Francisco, CA 84105 □ President San Francisco, CA 84105								
□ Vice President □ Vice President								
□Secretary □Treasurer □Secretary □Treasurer	r							
Other Other Other								
□Chairman Name: □Chairman Nam	· · · · · · · · · · · · · · · · · · ·							
□ Vice Chairman Address: □ Vice Chairman Address: □ □ Vice Chairman								
WeWork Transbay □Director □Director								
San Francisco, CA 84105								
□Vice President □Vice President □Vice President								
□Secretary □Treasurer □Secretary □Treasurer								
General Officer ■Other □Other □Other □Other								
□Chairman Name: □Chairman Name:								
□Vice Chairman Address: □Vice Chairman Address:								
□Director □Director								
□President □President □President								
□Vice 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. I individuals may be added to the index when filing your Florida Department of State Annual Report form.	Non-indexed							
12	<u>_</u>							
Signature of Director or Officer, BF73581C867248C								
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. Ahti Heinla								
13								

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STARSHIP TECHNOLOGIES, 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 TWENTY-EIGHTH DAY OF MAY, 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 "STARSHIP

TECHNOLOGIES, INC." WAS INCORPORATED ON THE THIRD DAY OF DECEMBER,

A.D. 2015.

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

e al coro delaware gov/aut

Authentication: 203320203

Date: 05-28-21

5897542 8300 SR# 20212210842