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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 847357 8259877

AUTHORIZATION (

COST LIMIT (\$ 70.00

ORDER DATE : June 7, 2021

ORDER TIME : 9:29 AM

ORDER NO. : 847357-025

CUSTOMER NO: 8259877

FOREIGN FILINGS

NAME: STEADY PLATFORM, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: ____

COVER LETTER

| TO: | | tration Section ion of Corporations | | | |
|---|----------|--|-------------------|--|---|
| SUBJI | FCT: | Steady Platform, Inc. | | | |
| 5000 | | Name of | f corporation | - must include suffix | |
| Dear S | ir or M | adam: | | | |
| "Certif | icate o | "Application by Foreign Corf Existence," or "Certificate code foreign corporation to tra | of Good Stand | ding" and check are sub- | |
| Please | return . | all correspondence concernin | g this matter | to the following: | |
| Kyle M | lcMillar | ١ | | | |
| | | | Name of I | Person | |
| Steady | Platfori | n Inc. | | | |
| | | | Firm/Comp | pany | |
| 10735. | Jefferso | n Blvd. #1061 | | | |
| | | | Addre | SS | |
| Culver | City, C | A 90230 | | | |
| | | | City/State ar | nd Zip code | |
| kmcmil | llan@st | eadyapp.com | | | |
| | | E-mail address: | (to be used fo | or future annual report n | otification) |
| For fur | ther in | ormation concerning this ma | tter, please ca | ıll: | |
| Kyle McMillan | | 858 at (| 922-8005 | | |
| | Name | 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 | | | : | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| | nake ch | check for the following amount to the control of th | PARTMENT Fee & | OF STATE \$78.75 Filing Fee & Certified Copy | S87.50 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.

| (If name unavail | able in Florida, enter alternate corporate name ad | lopted for the purpose of transacting | business in Florida) | | | |
|---|---|--|---|--|--|--|
| Delaware | 3 8 | 32-1723748 | | | | |
| 05/22/2012 | $\frac{3. \frac{8}{\text{y under the law of which it is incorporated}}}{3. \frac{8}{\text{y under the law of which it is incorporated}}}$ | | | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | | |
| Upon Filing | | | | | | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. | | ·) | | | |
| 101 Marietta St. 1 | NW, Suite 2500 Atlanta, GA 30303 | | | | | |
| · · · · · · · · · · · · · · · · · · · | (Principal office | street address) | | | | |
| | | | | | | |
| | | | | | | |
| | (Current mailing | address, if different) | | | | |
| | | | . Sec | | | |
| Name and stree | et address of Florida registered agent: (P.O. | | · 22 | | | |
| Name and stree | | | · · · · · · · · · · · · · · · · · · · | | | |
| Name: | et address of Florida registered agent: (P.O. | | £\$21 JUH -8 | | | |
| Name: | et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street | Box <u>NOT</u> acceptable) | 2821 JUI-8 14 | | | |
| Name: | et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street | Box <u>NOT</u> acceptable) | » 89 14 89 14 € | | | |
| Name: Tice Address: | et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) | Box <u>NOT</u> acceptable) Florida | | | | |
| Name: Tice Address: Registered age | et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee | Box NOT acceptable) | 14 8: 14 | | | |
| Name: Ffice Address: Registered againg been names ignated in this rther agree to c | ct address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) | Box NOT acceptable) Florida 32301 (Zip code) of process for the above stated on tas registered agent and agree ative to the proper and complete | corporation at the pla to act in this capacit | | | |
| Name: ffice Address: Registered ago aving been namesignated in this rther agree to conditional | Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relativity and accept the obligations of my positivity. | Box NOT acceptable) Florida 32301 (Zip code) to of process for the above stated on tas registered agent and agree ative to the proper and complete tion as registered agent. | corporation at the pla to act in this capacit performance of my a | | | |
| Name: ffice Address: Registered ago aving been namesignated in this arther agree to conditional | Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relativity and accept the obligations of my positivity. | Box NOT acceptable) Florida 32301 (Zip code) of process for the above stated on tas registered agent and agree ative to the proper and complete | corporation at the pla to act in this capacit performance of my a | | | |

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.

| A. DIRECTORS | • | | | | | | |
|---|--|-----------------|----------------|-----------------------------|--|--|--|
| □Chairman | Name: Adam Roseman | □ Chairman | Name: | | | | |
| □Vice Chairman | Address: 101 Marietta St. NW, Suite 2500 | □ Vice Chairman | Address: 101 S | Marietta St. NW, Suite 2500 | | | |
| □Director | Atlanta, GA 30303 | □Director | Atlanta, GA 3 | 0303 | | | |
| ■ President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| Secretary | □Treasurer | □ Secretary | | □Treasurer | | | |
| □Other | Other | General C | Counsel | □Other | | | |
| □Chairman | Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | | | | | |
| □Director | | □Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | | ☐ Treasurer | | | |
| □Other | Other | Other | <u>_</u> | Other | | | |
| □Chairman | Name: | □Chairman | Namu | | | | |
| | Address: | | | | | | |
| | Address. | □ Director | Address. | | | | |
| □Director □President | | ☐President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □ Secretary | □ Treasurer | □ Secretary | | □Treasurer | | | |
| - | | - | | □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. Signature of Director or Officer | | | | | | | |
| | Signature of Director of | 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. | | | | | | | |
| Jesse Silverman, General Counsel | | | | | | | |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STEADY PLATFORM, 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 JUNE, 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 "STEADY PLATFORM,

INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2017.

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



Authentication: 203384533

Date: 06-07-21

6419702 8300 SR# 20212376064