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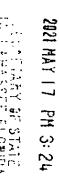


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JUN -9 2021 M. SOLOMON

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: BigSpeak, Inc.			
	of corporation - m	ust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Standing	g" and check are submitted to regi	
Please return all correspondence concern	ning this matter to t	he following:	
Matthew Reinhardt			
	Name of Pers	son	
BigSpeak, Inc.			
	Firm/Compan	у	282
800 N Milpas St, Ste B			
	Address		<del>- 第三</del>
Santa Barbara, CA 93103			
	City/State and Z	Zip code	
matthewr@bigspeak.com			- (2) 다 크로 <b>2</b>
E-mail addres	ss: (to be used for f	uture annual report notification)	
For further information concerning this	natter, please call:		
Matthew Reinhardt	at (805	730-0621	
Name of Person	Area Code	Daytime Telephone 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	
Enclosed is a check for the following am Please make check payable to: FLORIDA I \$70.00 Filing Fee S78.75 Fili Certificate	DEPARTMENT OF ng Fee & S7	8.75 Filing Fee & S87.50 crtified Copy Certified	Filing Fee, cate of Status & cd Conv

# 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.

(Enter name of o	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,	••	
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)	
California, USA 20-2062905				
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
12/20/2004	5	n/a		
	of incorporation)	(Date of duration, if other than perpetual)		
n/a				
800 N Milpas St,	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability	·)	
800 N Milpas St,	(SEE SECTIONS 607.1501 & 607.1501		·)	
800 N Milpas St,	(SEE SECTIONS 607.1501 & 607.1 Suite B, Santa Barbara, CA 93103 (Principal of	1502, F.S., to determine penalty liability		
	(SEE SECTIONS 607.1501 & 607.1 Suite B, Santa Barbara, CA 93103 (Principal of	1502, F.S., to determine penalty liability fice street address) ing address, if different)		
	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty liability fice street address) ing address, if different)	2021 MAY 17 A STANLARY	
. Name and stre	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty liability fice street address) ing address, if different)	2021 MAY 17 PM 3: ESTABLACTY SE STA	
. Name and stre Name:	(SEE SECTIONS 607.1501 & 607.1501	1502, F.S., to determine penalty liability fice street address) ing address, if different)	2021 MAY 17 PH	

#### 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.

(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.

A. DIRECTORS  TrChairman	Jonathan Wygant	□Chairman	Name: Elisc Wygant
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Santa Barbara, CA 93105	□Director	Santa Barbara, CA 93105
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	Treasurer
Other	Other	□Other	□Other
□Chairman	Barrett Cordero	□Chairman	Matthew Reinhardt
	795 Charlotte Ln	□Vice Chairman	Address: 800 N Milpas St, Ste B
□Director	Santa Barbara, CA 93105	Director	Santa Barbara, CA 93103
President	<del> </del>	□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□ Other	Other	Other	Other AAY
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	25 25
□President		□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	Secretary	□Treasurer
□Other		Other	□Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Depart		
12.	The state of Disease	or or Officer	
she is aware that fa	ctor signing this document (and who is listed in nuralse information submitted in a document to the Dep	partment of State constitu	

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BIGSPEAK, INC.

FILE NUMBER: C2711965 FORMATION DATE: 12/20/20

FORMATION DATE: 12/20/2004 TYPE: DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS: ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 19, 2021.

Shirley N. Weber, Ph.D. Secretary of State