F2100000 4420

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| | | |
| (Ac | ldress) | |
| | | |
| (Ac | ldress) | |
| | | |
| (Ci | ty/State/Zip/Phone | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bı | siness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | u |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer | |
| Special instructions to | Filing Officer. | |
| | | |
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| | | |

Office Use Only



900369898969





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : I2000000 | 195 |
|--|---------------|---------|
| REFERENCE | : 940789 | 8060665 |
| AUTHORIZATION | Was a second | |
| COST LIMIT | : \$70.00 | na |
| ORDER DATE : August 2, 2021 | | |
| ORDER TIME : 9:29 AM | | |
| ORDER NO. : 940789-005 | | |
| CUSTOMER NO: 8060665 | | |
| | | |
| <u>FOREIGN</u> FI | LINGS | |
| NAME: LADDER FINANCI | AL INC. | |
| XXXX QUALIFICATION (TYPE: CC |) | |
| PLEASE RETURN THE FOLLOWING AS | PROOF OF FILE | ING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | NDING | |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT# 61594

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Ladder Financial Inc. | | |
| | - must include suffix | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine | ding" and check are submitted to register the | |
| Please return all correspondence concerning this matter | to the following: | |
| Natasha Cupp | | |
| Name of | Person | |
| Ladder Financial Inc. | | |
| Firm/Com | pany | |
| PO Box 456 | | |
| Addre | ess | |
| Menlo Park, CA 94026 | | |
| City/State at | nd Zip code | |
| cara@ladderlife.com | | |
| E-mail address: (to be used f | or future annual report notification) | |
| For further information concerning this matter, please c | all: | |
| Cara St. Martin at (| Daytime Telephone Number | |
| 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 amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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. Ladder Finance | | Y *COMPANY *COPPORATIONS | _ | _ |
|-------------------------------------|---|--|-------------------------|-----------|
| "Inc.," "Co.," " | `corporation; must include "INCORPORATED Corp." "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," | | |
| | | | | |
| (If name unava | ilable in Florida, enter alternate corporate name | adopted for the number of transacting business | iness in Florida) | - |
| DE | | 47-3671449 | ness in Pionua) | |
| 2. (State or coun | atry under the law of which it is incorporated) | (FEI number, if applicab | | - |
| 4. April 7, 2015 | | | | |
| | te of incorporation) | (Date of duration, if other than po | erpetual) | - |
| 6. | | | | |
| · | | in Florida, if prior to registration) | | - |
| 12 Healisale Dail | | 1502, F.S., to determine penalty liability) | | |
| 7 | ve Menlo Park, CA 94025-5538 | | | _ |
| DO D 457 M | • | fice <u>street</u> address) | | |
| PO Box 456 M | enlo Park, CA 94026 | | | |
| | (Current maili | ng address, if different) | 72 | c≠:≂1 |
| 8 Name and stre | eet address of Florido revistored agent. (D | O Don NOT | En Es | 40.40.40. |
| o. Maine and <u>site</u> | eet address of Florida registered agent: (P. | O. Box NOT acceptable) | | E. T. T. |
| Name: | Corporation Service Company | | 74 √20 ™ | M |
| Office Address: | 1201 Hays Street | | ののこれ | |
| | Tallahassee | 32301 | PH 12: 30 | |
| | (City) | , Florida Zip code) | , , | |
| | • | | | |
|). Registered ag Havino heen nad | gent's acceptance: med as registered agent and to accept serv | ica of process for the above stated com- | numetan es est est en e | |
| designated in thi | s application, I hereby accept the appoint | ment as registered agent and agree to a | ct in this canac | cin. I |
| further agree to : | comply with the provisions of all statutes i | relative to the proper and complete peri | formance of my | dutie |
| ana i am jamuta | r with and accept the obligations of my po | osition as registered agent. | | |
| (| Corporation Service Company 🔘 🔏 | 2.0.1 | | |
| | By: | Assistant Vice President | | |
| - | (Registered agent's s | ignature) | | |

^{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 Erivelope ID: CC42E158-95DD-41B3-A500-0AB8838BCF93

| A. DIRECTORS | | | |
|---|---|--|---|
| □Chairman | Name: | □Chairman | Name: Natasha Cupp |
| □Vice Chairman | Address: C/O Ladder Financial Inc. | □Vice Chairman | Address: C/O Ladder Financial Inc. |
| Director | 12 Hesketh Drive | □Director | 12 Hesketh Drive |
| □President | Menlo Park, CA 94025-5538 | □President | Menlo Park, CA 94025-5538 |
| □Vice President | | □Vice President | |
| □Secretary | □Treasurer | ■ Secretary | □Treasurer |
| ■Other | Other | Other | □ Other |
| | | | |
| □ Chairman | Name: Steve Geiser | □ Chairman | Name: Sanjeev Kapur |
| □Vice Chairman | Address: C/O Ladder Financial Inc. | □Vice Chairman | Address: C/O Ladder Financial Inc. |
| □Director | 12 Hesketh Drive | □Director | 12 Hesketh Drive |
| □President | Menlo Park, CA 94025-5538 | ■ President | Menlo Park, CA 94025-5538 |
| □Vice President | | □Vice President | |
| □Secretary | ■ Treasurer | □ Secretary | □Treasurer |
| □Other | | □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 | □Other | Other |
| Important Notice: Uin Docussansa by: Natasha (up | Ise an attachment to report more than six (6). The 'led to the index when filing your Florida Department Signature of Direction | artment of State Annual Rep | for reporting purposes only. Non-indexed port form. |
| The officer or direct | | | with a financial and the color |
| she is aware that fall s.817.155, F.S. | or signing this document (and who is listed in nuse information submitted in a document to the De | imoer 11 above) affirms that epartment of State constitut | it the facts stated herein are true and that he or es a third degree felony as provided for in |
| 13. Matasha Cup | p | | |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LADDER FINANCIAL 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 SECOND DAY OF AUGUST, 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 "LADDER FINANCIAL INC." WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2015.

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

eat corn delaware gov/aut

Authentication: 203823547

Date: 08-02-21

5723765 8300 SR# 20212869304