(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W21-126794

Office Use Only



000373540730

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

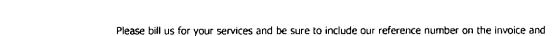
REQUEST	DATE	9/20/2021

850-245-6051

PRIORITY Routine

OUR REF_#_(Order_ID#)] Renee

ORDER ENTITY Embrace Software, Inc.
PLEASE PERFORM THE FOLLOWING SERVICES:
Embrace Software, Inc.
Please file the attached qualification document.
NOTES:
\$70.00 Authorized
Email address for annual report reminders: m.plakkot@embracesoftwareinc.com
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052
Please bill the above referenced account for this order.
If you have any questions please contact me at 656-7956,
Sincerely,



courier package if applicable. For UCC orders, please include the thru date on the results.

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 a	C Software Inc. corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name a		
2. Delawa	y under the law of which it is incorporated)	85-272 8869	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicabl	e)
4. 25	Aug 2020 5. of incorporation)		
(Date	of incorporation)	(Date of duration, if other than pe	rpetual)
61	July 2021		
	July 2021 (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	, riot, to document penanty matrixy)	
7. 2202 N.	West Shore Blud, Suit 200 (Principal office	Campa, FL 33607 c street address)	
 	(Current mailing	address, if different)	2002 (55.5 20)
8 Name and street	at addrage of Florida maintand and a CD CO	D. NOW.	B.
o. Name and succ	et address of Florida registered agent: (P.O.	Box NOI acceptable)	20
Name:	Incorporating Services, Ltd.	_	· · · · · · · · · · · · · · · · · · ·
Office Address:	1540 Glenway Drive		
	Tallahassee	22201	8: 34
	(City)	, Florida	ŧ
_		(Zip code)	
9. Registered age Having been name	ed as registered agent and to accept service	of process for the above stated corpo	ration at the place
uesignaieu in inis further agree to co	application, I hereby accept the appointme omply with the provisions of all statutes reli with and accept the obligations of my posit	nt as registered agent and agree to ac ative to the proper and complete perfo	t in this canacity. I
	Gene & Kest	Renee T. Kent, Assistant Secretary	
	(Registered agent's sign	Selice L. Neill, Assistant Secretary	

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				
Ochairman Name: Mohan Plakkot	□ Chairman	Name:	Sauncet Sir	<u> </u>
□ Vice Chairman Address: 4619 Tivoli Dr. Wesley Chape)		•	8 Pippin	•
Director FL, 33543	⊡ Director		Hortford	
□ President	President		13413	
□ Vice President	□Vice President			
☐ Secretary ☐ Treasurer	Secretary		□Treasurer	
GOther CGO Other	□Other	<u></u>	Other	
Ochairman Name: Ted McCaleb	□ Chairman	Name:		
□Vice Chairman Address: 2625 Alcatraz	□Vice Chairman	Address: _		<u> </u>
Director #201, Berkley	□Director		<u> </u>	
President CA 94705	President		_ _	
□ Vice President	□Vice President			
☐ Secretary ☐ Treasurer	☐ Secretary		☐Treasurer	
□ Other	□ Other		DOther	
□Chairman Name:	□ Chairman	Name:		
□Vice Chairman Address:				
□Director	□Director			
□ President	□President	.		
□Vice President	□Vice President			
□Sccretary □Treasurer	☐ Secretary		Treasurer	
Other Other	□Other		Other	
Important Notice: Use an attachment to report more than six (6). The attachment individuals may be added to the index when filing your Florida Departmen 12. Mehan Platton	nment will be imaged t of State Annual Rep	for reporting ort form.	g purposes only. Non	-indexed
Signature of Director or	Officer			
The officer or director signing this document (and who is listed in number she is aware that false information submitted in a document to the Departm s.817.155, F.S.	ll above) affirms that ent of State constitute	the facts stars a third deg	ited herein are true are ree felony as provide	nd that he or ed for in
13. MOHAN PLAKUOT DIRECTOR	CEO	 <u>-</u> -		
(Typed or printed name and capacity of person	signing application)			



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

DELAWARE, DO HEREBY CERTIFY "EMBRACE SOFTWARE, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMBRACE SOFTWARE, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

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



Authentication: 204187513

Date: 09-17-21

3522679 8300