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(Requestor's Name)	<u> </u>			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	itus			
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2021 SEP 21 *M 2: 02

SEP 28 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carpay, Inc.	
	poration - must include suffix
Dear Sir or Madam:	
	ntion for Authorization to Transact Business in Florida," ood Standing" and check are submitted to register the et business in Florida.
Please return all correspondence concerning th	is matter to the following:
Meagan Rieman	
	Same of Person
Carpay, Inc.	
ŀ	irm/Company
960 International Parkway Suite 1610	
	Address
Lake Mary, Florida 32746	
Cit	y/State and Zip code
meagan@carpay.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	please call:
Meagan Rieman	(39) 216-1571
	rea 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 DEPAI □ \$70.00 Filing Fee □ \$78.75 Filing Fe Certificate of Sta	& □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

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.

IS .1		dopted for the purpose of transacting business in Florida)		
Delaware		3. 81-2353902 (FEI number, if applicable)		
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		
12/11/2020	5	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
960 International	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Parkway Suite 1610, Lake Mary, Florida 32746)2. F.S., to determine penalty liability)		
	Parkway Suite 1610, Lake Mary, Piorida 32746	e <u>street</u> address)		
	·			
· · · · · · · · · · · · · · · · · · ·	(Current mailing	address, if different)		
Name and stre	et address of Florida registered agent: (P.O. Meagan Rieman	Box NOT acceptable)		
ffice Address:	960 International Parkway Suite 1610	:. =		
mee Address.	Lake Mary	, rionda		

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
□Chairman	Name: Brandon Cavalier	□Chairman	Name: Mike Dean		
□Vice Chairman	Address:	□ Vice Chairman	Address: 960 International Parkway		
Director	Suite 1610	Director	Suite 1610		
□President	Lake Mary, FL 32746	□President	Lake Mary, FL 32746		
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	Treasurer		
□Other	Other	□Other	□Other		
☐Chairman	Gary Benitt	□Chairman	Name:		
	960 International Parkway	□ Vice Chairman	960 International Parkway		
Director	Suite 1610	■Director	Suite 1610		
□President	Lake Mary, FL 32746	□President	Lake Mary, FL 32746		
□Vice President		□Vice President	- SE		
☐ Secretary	□Treasurer	☐ Secretary			
□Other	Other	□Other	□Treasurer: -: -: -: -: -: -: -: -: -: -: -: -: -:		
□Chairman □Vice Chairman	Name: Brandon Cavalier 960 International Parkway	□Chairman □Vice Chairman	Name: Nicholas Swezey Name: 960 International Parkway Address:		
□Director	Suite 1610	□Director	Suite 1610		
■President	Lake Mary, FL 32746	□President	Lake Mary, FL 32746		
□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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director 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.



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

DELAWARE, DO HEREBY CERTIFY "CARPAY, 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 SIXTEENTH DAY OF SEPTEMBER, 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 "CARPAY, INC."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2016.

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

Authentication: 204173097

Date: 09-16-21