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Division of Corporations
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 OCT 25 AM 9:10
DIVISION OF THE STATE
CORPORATIONS

FOREIGN PROFIT/NONPROFIT CORPORATION**Checkr Group, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2021 OCT 25 PM 2:17

ALLAH SEC, FLORIDA

S. HAWKES**OCT 25 2021**

Electronic Filing Menu

Corporate Filing Menu

Help

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. Checkr Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 87-2671428
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/14/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. One Montgomery Street, Suite 2400, San Francisco, CA 94104
(Principal office street address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.



Kevin Wartner Assistant Secretary

(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.

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

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CLERK OF STATE
TALLAHASSEE, FL

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A. DIRECTORS

☐ Chairman Name: Daniel Yanisse

☐ Vice Chairman Address: One Montgomery Street

☒ Director Suite 2400

☐ President San Francisco, CA 94104

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: Jennifer Yeh

☐ Vice Chairman Address: One Montgomery Street

☐ Director Suite 2400

☐ President San Francisco, CA 94104

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jonathian Perichon

☐ Vice Chairman Address: One Montgomery Street

☒ Director Suite 2400

☐ President San Francisco, CA 94104

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Technology Officer ☐ Other _____

☐ Chairman Name: Richard Wong

☐ Vice Chairman Address: One Montgomery Street

☒ Director Suite 2400

☐ President San Francisco, CA 94104

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Naeem Ishaq

☐ Vice Chairman Address: One Montgomery Street

☐ Director Suite 2400

☐ President San Francisco, CA 94104

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Financial Officer ☐ Other _____

☐ Chairman Name: Ali Rowghani

☐ Vice Chairman Address: One Montgomery Street

☒ Director Suite 2400

☐ President San Francisco, CA 94104

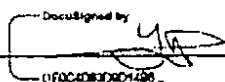
☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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

DocuSigned by

 d5b6c641-027a-4efe-bef5-765dc3427d7e

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 § 817.155, F.S.

13. Daniel Yanisse, Chief Executive Officer

(Typed or printed name and capacity of person signing application)

Attachment #1

Item 11A. Continuation

Additional Directors

Name	Business Address	City, State, Zip
Marcus Ryu	One Montgomery Street, Suite 2400	San Francisco, CA 94104
Ingrid Lestiyo	One Montgomery Street, Suite 2400	San Francisco, CA 94104

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CHECKR GROUP, 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 TWENTY-FIFTH DAY OF OCTOBER, A.D.
2021.

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



6135051 8300

SR# 20213601189

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204498261

Date: 10-25-21