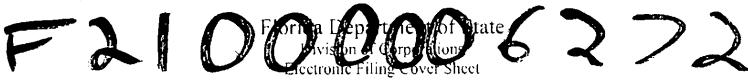
10/29/21, 9:41 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000402213 3)))



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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.

FOREIGN PROFIT/NONPROFIT CORPORATION Cash App Taxes, Inc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78,75

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Help

S. ROBERTS OCT 29 2021

From: Kimberly Laughrey

OccuSign Envelope ID: 02F8C209-F5D1-4EFB-8B15-39FAA6C041D5

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. Cash App Taxes, 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) Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607-1502, F.S., to determine penalty liability) 1455 MARKET STREET, SUITE 600, San Francisco, CA , 94103 (Principal office address) (Current mailing address, it different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Comoration System Name: 1200 South Pine Island Road Office Address: Plantation, (City) 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. CT Corporation System

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.

(Registered agent's signature)

Ta: +18506176383 - Page: 5 af 6 2021-10-29 07:42.43 CST 12122023573 From: Kimberly Laughrey

DocuSign Envelope ID: 02F8C209-F5D1-4EFB-8B15-39FAA6C041D5

A. DIRECTORS

11. Names and business addresses of officers and/or directors:

Chairman		
Address:		
_		
Vice Char	rman'	
. 1301 000.		
Director:	Brian Grassadonia	
	1455 MARKET STREET, SUITE 600, San Francisco, CA : 94103	
. 1301035.		
Director:	Owen Jennings	
	1455 MARKET STREET, SUITE 600, San Francisco, CA, 94103	
B. OFF	ICERS	
President	Owen Jennings	
	1455 MARKET STREET, SUITE 600, San Francisco, CA , 94103	
. rumeto.		
CEO:	Brian Grassadonia	
	1455 MARKET STREET, SUITE 600, San Francisco, CA , 94103	
Secretary.	Julie MaGee	
Address:	1455 MARKET STREET, SUITE 600, San Francisco, CA : 94103	
Treasurer	Patric Unk	
Address	1455 MARKET STREET, SUITE 600, San Francisco, CA , 94103	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Own Jehnings	
	Signature of Director of Officer	
are true a	ter or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.	
13.	Owen Jennings Head of Product and Business	
••••	(Typed or printed name and capacity of person signing application)	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CASH APP TAXES, 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-SIXTH DAY OF OCTOBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at corp.delaware.gov/aut

Authentication: 204517726

Date: 10-26-21