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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

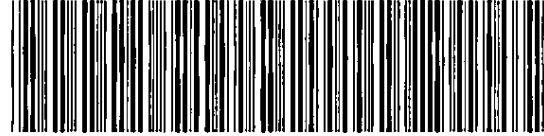
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. HAWKES

JAN - 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 353141 8343534
AUTHORIZATION : *[Signature]*
COST LIMIT : \$70.00

ORDER DATE : December 28, 2021
ORDER TIME : 10:25 PM
ORDER NO. : 353141-005
CUSTOMER NO: 8343534

FOREIGN FILINGS

NAME: TUTENLABS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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. Tutenlabs, 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. 87-1687919
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/09/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 12/22/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 400 Northridge Dr, Suite 900, Atlanta GA 30350
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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.

Corporation Service Company

By: _____

Eylina Baker
Assistant Vice President

(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]:

A. DIRECTORS

Chairman Name: Roi Amszynowski Greenberg

Vice Chairman Address: 400 Northridge Dr,

Director Suite 900,

President Atlanta GA 30350

Vice President _____

Secretary Treasurer

Other Chief Executive Officer Other _____

Chairman Name: Gonzalo Guillermo Ugarte Encinas

Vice Chairman Address: 400 Northridge Dr,

Director Suite 900,

President Atlanta GA 30350

Vice President _____

Secretary Treasurer

Other Chief Product Officer Other _____

Chairman Name: Andrés Alberto Baehr Oyarzun

Vice Chairman Address: 400 Northridge Dr,

Director Suite 900,

President Atlanta GA 30350

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Saul Mauricio Kempner

Vice Chairman Address: 400 Northridge Dr,

Director Suite 900,

President Atlanta GA 30350

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Matias Araya Cohen

Vice Chairman Address: 400 Northridge Dr,

Director Suite 900,

President Atlanta GA 30350

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Luis Felipe Sánchez Bisquertt

Vice Chairman Address: 400 Northridge Dr,

Director Suite 900,

President Atlanta GA 30350

Vice President _____

Secretary Treasurer

Other Chief Financial Officer 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.

13. Roi Amszynowski
(Typed or printed name and capacity of person signing application)


Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TUTENLABS, 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-EIGHTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUTENLABS, INC." WAS INCORPORATED ON THE NINTH DAY OF JULY, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

6072605 8300

SR# 20214239758

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205101537

Date: 12-28-21