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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION
SERRAVIEW AMERICA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$728.75

2022 JAN -3 PM 12: 49

TALLAHASSEE, FLORIDA

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. SERRAVIEW AMERICA, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 46-4706015
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/24/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Wall Street, New York, NY 10005
(Principal office street address)
2451 Cumberland Parkway, Ste 3504, Atlanta, GA 30339
(Current mailing address, if different)

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

By: Tammy Tofleoro CT Corporation System
(Registered agent's signature) Tammy Tofleoro, VP

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: Wair Kellum

Vice Chairman Address: 2 Wall Street, Suite 1050
New York, NY 10005

Director _____

President _____

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: Brian Hersman

Vice Chairman Address: 2 Wall Street, Suite 1050
New York, NY 10005

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: A.J. Rohde

Vice Chairman Address: 2 Wall Street, Suite 1050
New York, NY 10005

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Matt Losardo

Vice Chairman Address: 2 Wall Street, Suite 1050
New York, NY 10005

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Jim Hagan

Vice Chairman Address: 2 Wall Street, Suite 1050
New York, NY 10005

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Paul Zuber

Vice Chairman Address: 2 Wall Street, Suite 1050
New York, NY 10005

Director _____

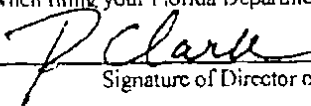
President _____

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. 
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.317.155, F.S.

13. Pat Clark/Chief Financial Officer, Treasurer, and Secretary
(Typed or printed name and capacity of person signing application)

ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Names and business addresses of additional officers and/or directors:

Name	Title	Address
Pat Clark	CFO/Treasurer/Secretary	2 Wall Street, Suite 1050, New York, NY 10005
Tyler Duke	Director/ Manager	2 Wall Street, Suite 1050, New York, NY 10005
Peter Hernandez	Director/ Manager	2 Wall Street, Suite 1050, New York, NY 10005

Delaware

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The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

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SR# 20214257165

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

Authentication: 205117274

Date: 12-29-21