F2300000535

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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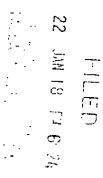


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JAN 1 8 2027



T. LEMIEUX
JAN 26 2022

COVER LETTER

	stration Section sion of Corporation	as			
SUBJECT:	SENTILINK COR	.P.			
ochole i		Name of corporation	n - must i	nclude suffix	
Dear Sir or N	1adam:				
"Certificate of	of Existence," or "C	oreign Corporation for Certificate of Good Star ration to transact busing	nding" an	d check are subn	
Please return	all correspondence	e concerning this matte	r to the fo	ollowing:	
JAMES COO	K				
		Name of	Person		
SENTILINK	CORP.				
		Firm/Cor	прапу		
33 NEW MO	NTGOMERY ST ST	TE 500			
		Addı	ress		
SAN FRANC	ISCO, CA 94105				
		City/State :	and Zip c	ode	
ACCOUNTI	NG@SENTILINK.C	ОМ			
	E-ma	ail address: (to be used	for future	annual report no	otification)
For further in	nformation concern	ing this matter, please	call:		
CAROL CHA	AN	at (415)	7463	
Nan	ne of Person	Area Coo	de	Daytime Teleph	one 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			
	ling Fee 🔲 \$7	ORIDA DEPARTMEN	□ \$78.7 <i>5</i>	ATE Filing Fee & ed Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

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.

(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transa	cting business in Florida)		
DELAWARE	•	82-2379442			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
08/01/2017	·				
(Date of incorporation) 5		(Date of duration, if other than perpetual)			
11/29/21					
-	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		bility)		
33 NEW MONTG	OMERY ST STE 500, SAN FRANCISCO CA 9	94105			
	(Principal office	street address)			
Name and street	address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	22 JAN 1		
ffice Address:	1200 South Fine Island Road		E E		
	Plantation	, Florida			
	(City)	(Zip code)			
esignated in this c urther agree to co	nt's acceptance: Indicate a descript and to accept service application, I hereby accept the appointment apply with the provisions of all statutes relained and accept the obligations of my positions.	nt as registered agent and a tive to the proper and comp ion as registered agent.	gree to act in this cap		

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

DocuSign Envelope ID: 881D790F-60C9-4109-AC7B-5018967854E5

A. DIRECTORS Chairman Vice Chairman Director President Vice President Secretary	Name:	□Chairman ■Vice Chairman □Director □President □Vice President □Secretary	Maxwell Blumenfeld Name: 33 NEW MONTGOMERY ST Address: STE 500 SAN FRANCISCO, CA 94105
□Other		Other	
☐ Director ☐ President	Alex Rampell Name:	□ Chairman □ Vice Chairman □ Director □ President □ Vice President ■ Secretary □ Other	James Cook Name:
□Chairman	Name:	□Chairman	Name:
□Director		□ Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
12 James Cook 79ACC81193874 The officer or direct	co Signature of Directo ctor signing this document (and who is listed in num also information submitted in a document to the Dep	ment of State Annual Re or or Officer iber 11 above) affirms th artment of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in
	(Typed or printed name and capacity of pe	rson signing application)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SENTILINK CORP." 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 TENTH DAY OF JANUARY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENTILINK CORP."

WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2017.

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

Authentication: 202356757

Date: 01-10-22