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(Address)
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SECRETARY OF STATE

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	Compology Inc.				
	Name	of corporatio	n - must include suffix	· · · · · · · · · · · · · · · · · · ·	
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Co Existence," or "Certificate ed foreign corporation to t	of Good Sta	nding" and check are su	act Business in Florida," bmitted to register the	
Please return a	Ill correspondence concerni	ing this matte	r to the following:		
Karen Blackiste	one				
		Name of	Person		
The Gober Gro	ир				
		Firm/Con	npany		
2308 Mt. Verno	on Ave., Suite 762				
<u> </u>		Addr	ess		
Alexandria, VA	22301				
		City/State a	nd Zip code		
nonprofitlaw@g					
	E-mail address	(to be used	for future annual report	notification)	
For further info	ormation concerning this ma	atter, please o	all:		
Karen Blackisto	ne	at (202	202 849-9002		
Name	of Person	Area Cod		phone Number	
Registr Divisio The Ce 2415 N	ET/COURIER ADDRESS ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303	:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a cheller the Enclosed is a cheller the Enclose the E	neck for the following amount in the payable to: FLORIDA DE: g Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

Compology, In	c				
-	lable in Florida, enter alternate corporate na	me adoi	oted for the nurnose of transacting	husiness in Florida)	
Delaware			46-2355404		
(State or country under the law of which it is incorporat 03/22/2013			(FEI number, if app	licable)	
·· -	e of incorporation)	5. (Date of duration, if other the		than perpetual)	
5	/D . C				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607.			·) _	
, 40 Boardman Pla	ice, San Francisco, CA 94103			2022 SEI TALI	
(Principal office <u>street</u> address)			RE VA		
	(Current ma	iling ad	dress, if different)	TO THE	
. Name and stree	et address of Florida registered agent: (F	.O. Bc	x <u>NOT</u> acceptable)	H 1:5	
Name:	Cogency Global Inc.				
	115 North Calhoun St., Suite 4				
Office Address:			•		

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.

(Registered agent's signature)

10. Attached is a contificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

10. Attached is a contificate 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.

DocuSign Envelope ID: 0D8EC988-AF70-49EB-BA5D-94CC108C685E

☐ Chairman	Name: Jason Gates	①Chairman	Ben Chehebar Name:
□Vice Chairman	40 Boardman Place,		Address: 40 Boardman Place,
Director	San Francisco, CA 94103	Director	San Francisco, CA 94103
President		President	
□ Vice President		□ Vice President	
Secretary	Treasurer	☐ Secretary	Treasurer
Other	Other	Other	Other
■ Chairman	Name:	□ Chairman	Name:Buddy Arnheim
	Address: 40 Boardman Place,		40 Boardman Place,
	San Francisco, CA 94103	En:	San Francisco, CA 94103
□President		President	
□Vice President _		_ □Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
□Chairman 1	Alex Captain	□ Chairman	Name:
	40 Boardman Place,		Address:
	San Francisco, CA 94103	_ Director	
]President _		□President	
OVice President _		□Vice President	
Secretary	□Treasurer	□ Secretary	□Treasurer
Other	Other	□Other	Other
idividuals may be ad	e an attachment to report more than six (6). Tided to the independence filing your Florida De Jason Bates 6A24E06E65A94DD Signature of Dir	partment of State Annual Rene	ort form.

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

s.817.155, F.S.

Jason Gates, President



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

DELAWARE, DO HEREBY CERTIFY "COMPOLOGY 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 THIRTIETH DAY OF NOVEMBER, 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 SAID "COMPOLOGY INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2013.



Authentication: 204811061

Date: 11-30-21