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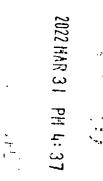
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S. FRANKLIN APR 1 6 2022

COVER LETTER

	ion of Corporations				
SUBJECT:	CERTORA INC.				
	Name	of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Co f Existence." or "Certificate ced foreign corporation to t	of Good Stand	ding" and check are subm		
Please return	all correspondence concern	ing this matter	to the following:		
ANGELINE T	AN				
· · · · · · · · · · · · · · · · · · ·		Name of I	Person		
SAGENT MA	NAGEMENT				
		Firm/Com	pany		2
691 S. MILPIT	S BLVD, STE 212				022
		Addre	SS		13
MILPITAS, C.	A 95035				2022 IFAR 31
		City/State ar	nd Zip code		
SAGENTOPE	RATIONS@SAGENTMANA			:	
	E-mail addres	s: (to be used f	or future annual report no	otification)	PH 4: 31
For further in	formation concerning this n	natter, please c	ali:		_
ANGELINE T	AN	408 at (263-1040		
Nam	e of Person	Area Code	Daytime Teleph	one Number	
Registration Section I Division of Corporations I The Centre of Tallahassee I		Registration Se Division of Cor P.O. Box 6327	M LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following am neck payable to: FLORIDA D ing Fee \$78.75 Filit Certificate	EPARTMENT ig Fee & - 🗖	OF STATE I \$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

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.

CERTORA INC				
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	in Florida)
DELAWARE		7	83-4121205	
(State or country	y under the law of which it is incorporated)	3. 83-4121205 (FEI number, if applicable)		
01/22/2019		-		
	of incorporation)	(Date of duration, if other than perpetua		ual)
03/28/2022				
1201 3RD AVEN			n Florida, if prior to registration) 602, F.S., to determine penalty liability)	
	(Principal	of	ice street address)	
691 S. MILPITA	S BLVD, STE 212, MILPITAS, CA 95035	;		
	(Current ma	ailii	ng address, if different)	
. Name and <u>stree</u> Name:	et address of Florida registered agent: (INCOPORATING SERVICES, LTD.	_		2022 KAR 3 I
Office Address:	1540 GLENWAY DRIVE			PH
	TALLAHASSEE		, Florida 32301	PH 4: 3
	(City)		(Zip code)	<u>.</u>

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 agen/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]:

DocuSign Envelope ID: 04471913-CE82-426D-8452-7E8F427F71B2

A. DIRECTORS

□Chairman	Name: MOOLY SAGIV	□Chairman	Name:		
□Vice Chairman	Address: 1201 3RD AVENUE	□Vice Chairman	Address:		
■Director	SEATTLE, WA 98101	□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□ Secretary		□Treasurer	
CEO ■Other	□Other	□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary		Treasurer	
□Other	□Other	□Other		□0ther <u>2</u>	
				□Other 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
□Chairman	Name:	□Chairman	Name:	ω -	
□Vice Chairman	Address:	□Vice Chairman	Address:	P ::	
□Director		□ Director			
□President		□President	-		
□Vice President		□Vice President			
□ Secretary	□Treasurer	□Secretary		□Treusurer	
□Other	□ Other	□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. Sumul Sagu DE4A3B1229E248D Signature of Director or Officer					
The officer or dire	ctor signing this document (and who is listed in number	11 above) affirms th	at the facts stated	herein are true and that he or	

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$8.817.155. F.S.

MOOLY SAGIV (CEO)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CERTORA 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-SECOND 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 "CERTORA INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2019.

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

7247504 8300 SR# 20220041540 Authentication: 202459895

Date: 01-22-22