

F2 200002371

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000140017 3))



H220001400173ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

APR 18 8:26 AM '22

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

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

Email Address: \_\_\_\_\_

2022 APR 18 PM 3:14

FOREIGN PROFIT/NONPROFIT CORPORATION

Gencove Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

S. HAWKES  
APR - 2021

DocuSign Envelope ID: 1C69025E-9A26-45A5-BD30-84BD6B7EE758

H220001400173

### 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. Gencove 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. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. 12/2/2015 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
- 6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)
- 7. 30-02 48th Avenue, Suite 370, Long Island City, NY 11101  
(Principal office address)
- \_\_\_\_\_ (Current mailing address, if different)

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

Name: NRAI Services, Inc.

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

RECEIVED  
 APR 18 AM 8:26  
 STATE OFFICE

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.*

NRAI Services, Inc.  
 By: Tina Lipko  
 (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.

DocuSign Envelope ID: 1C89025E-8A26-45A5-8D30-848D6B7EE758 H22000140017 3

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Sara Eshelman

Address: 1991 Broadway

Redwood City, CA 94063

Director: Lawrence Page

Address: 120 South Central Avenue

St. Louis, MO 63105

**B. OFFICERS**

President: Joseph Pickrell

Address: 30-02 48th Avenue

Long Island City NY 11101

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Matt Eckert

Address: One International Place Suite 3900, Boston MA 02110

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Joseph Pickrell CEO

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

H22000140017 3

# Delaware

Page 1

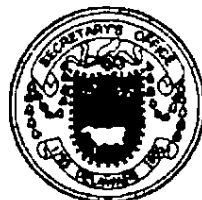
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENCOVE 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 EIGHTEENTH DAY OF APRIL, 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 "GENCOVE INC." WAS INCORPORATED ON THE SECOND DAY OF DECEMBER, A.D. 2015.

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



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

5896337 8300

SR# 20221498263

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203202574

Date: 04-18-22

H22000140017 3