(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
#120
W22-6147706949
INDO, MED,





100387275161

PH 5: 07

RECFIVED

S. FRANKLIN MAY 1 7 2022



May 13, 2022

CT CORP

SUBJECT: MEOW TECHNOLOGIES INC.

Ref. Number: W22000061477

CORRECTED

Please Allow For 
Same File Date

Y/12/27

We have received your document for MEOW TECHNOLOGIES INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 322A00011019

### **CT CORP**

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** \_\_\_\_ 05/12/2022

D	ate:	(	)5/12/2022		111
			Acc#I20160000072	with	V
Name:	Meow	Techno	ologies Inc.		
Document #:					
Order #:	143280	)77			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of					
Apostille/Notarial Certification:		}	Country of Destination: Number of Certs:		2022 f.P.R. 1
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amo	ount:\$ '	<b>2</b> 2 <sup>-</sup> 8.75		

Thank you!

#### **COVER LETTER**

	stration Section sion of Corporations	
SUBJECT:	Meow Technologies Inc.	
9013017017		on - must include suffix
Dear Sir or N	ładam:	
"Certificate o		r Authorization to Transact Business in Florida," anding" and check are submitted to register the ness in Florida.
Please return	all correspondence concerning this matter	er to the following:
Cody Tolman		
	Name o	f Person
Wilson Sonsi	ni Goodrich & Rosati	
	Firm/Co	· · · ·
139 Townsen	d Street Suite 150	Iress PR 1
•	Add	lress ===
San Francisco	o, CA 94107	
············	City/State	and Zip code
ctolman@ws	gr.com	and Zip code
	E-mail address: (to be used	for future annual report notification)
For further in	nformation concerning this matter, please	
Cody	415 at (	947-2482
Nar	ne of Person Area Co	
Regi Divi The 241:	REET/COURIER ADDRESS: istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	a check for the following amount: theck payable to: FLORIDA DEPARTMENTING Fee S78.75 Filing Fee & Certificate of Status	NT OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certified Copy 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.

	rporation; must include "INCORPORATED,"	"COMPAN	Y," "CORPORATION		-
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")				
Dorset Horn Inc.					
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for th	e purpose of transacting	g business in Florida)	-
Delaware	3.				
(State or country	under the law of which it is incorporated)		(FEI number, if app	olicable)	
2/23/2021	5.				
(Date	of incorporation)	(Date of duration, it other than perpetual)			
November 22, 20	021				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if pr )2. F.S., to de	ior to registration) etermine penalty liabilit	(y)	_
1504 Bay Rd Apt	2303, Miami Beach, FL, 33139				
	(Principal offic	e <u>street</u> addı	ress)		_
	(Current mailing	address. if o	lifferent)		
				2	
Name and stree	t address of Florida registered agent: (P.O	Box <u>NOT</u>	_acceptable)	022	
Name:	C T Corporation System			2022 FPR	•
	1200 South Pine Island Road			12	
ffice Address:	Plantation	FL	33324	PII 5: 07	
	(City)		(Zip code)	· · · · · · · · · · · · · · · · · · ·	٠.
n :	.43.				
Registeren age <i>'aving been nam</i>	nt's acceptance: ed as registered agent and to accept servic	re of proces	s for the above stated	l corporation at the	plac
signated in this	application, I hereby accept the appointm	ent as regis	stered agent and agre	e to act in this capa	ıcity
rther agree to co	omply with the provisions of all statutes re with and accept the obligations of my pos	lative to the ition as rea	2 proper and complet istered avent	e performance of m	ıy ai
ia i am jamiliai					
	1Sco	ott White,	Assistant Secretary		
ı	3y:				
<del>-</del>	(Registered agent's sig				

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: 7A2AF0F1-022C-4498-AD10-98D977CE7E79

A	m	DE	CT	W.	25
-1		K r			

<b>■</b> Chairman	Name: Brandon Arvanaghi	□Chairman	Name: Bryce C	rawlord
□Vice Chairman	Address: 9 Barrow St. Apt. 6J	□Vice Chairman	Address: 1504 Bay Road, Apt. 23	
■Director	NY, NY 10014	■Director	Miami Beach, FL 33139	
■ President		□President		
□Vice President		□Vice President		
■ Secretary	■ Treasurer	□ Secretary		□Treasurer
□Other	□ Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
	Address:			
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other
				2 APR
□ Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	- p 11
□Director		□Director		, <u>,</u>
□President		□President		
□Vice President		□ Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may b	Use an attachment to report more than six (6). The attace added to the index when filing your Florida: Downing the content of	chment will be image or of State Annual R	ed for reporting preport form.	urposes only, Non-indexed
12	Signature of Director o	r Officer		
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	hat the facts stated utes a third degree	d herein are true and that he or e felony as provided for in
13. Brandon Arv	<del>-</del>		•)	
	(Typed or printed name and capacity of perso	on signing application	1)	

11.019 -12/16/2021 Wolters Kluwer Online

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEOW TECHNOLOGIES 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 TWELFTH DAY OF MAY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5211493 8300 SR# 20221950564 Authentication: 203413408

Date: 05-12-22