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CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
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____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 697252 8308992						
AUTHORIZATION : Spelle le man						
COST LIMIT : (\$7.00.00						
ORDER DATE : May 20, 2022						
ORDER TIME : 8:24 AM						
ORDER NO. : 697252-001						
CUSTOMER NO: 8308992						
**						
FOREIGN FILINGS						
NAME: CLEARMARKET INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						

EXAMINER:

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.

	and in a toriou; emer arternate corporate main	ne adopted for the purpose of transacting business in Florid	da)
Delaware	3	3.	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
05/19/2020	5	5	
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
. 11801 DOMAIN	(SEE SECTIONS 607.1501 & 607. BLVD FL 3 AUSTIN, TEXAS 78758	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) ffice street address)	<u> </u>
) -
	(Current mail	ling address, if different)	사 8: 5%
	at address of Clarida registered agents (D.	O. Box NOT acceptable)	Ø
Name and street	et address of Florida registered agent: (F.	- · · · · · · · · · · · · · · · · · · ·	
Name and stree	Corporation Service Company	<u>. </u>	
Name:			
	Corporation Service Company 1201 Hays Street Tallabasses	 	

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.

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.

Director	A. DIRECTORS			
Name:	□Chairman	Name: Carlos D Morales Gonzalez	□Chairman	Name:
□ President Austin, TX 78758 □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ President □ Vice President □ Vice President □ Vice President □ Chairman Name: □ Treasurer □ Other □ Other □ Other □ Chairman Name: □ Chairman □ Vice Chairman Address: □ Vice Chairman □ Vice Chairman Address: □ Vice Chairman □ Director □ Director □ Director □ Director □ Director □ President □ Vice President □ Vice President	□Vice Chairman		□ Vice Chairman	11801 Domain Blyd Fl 3
□ President □ Vice President □ Vice President □ Uice President □ Other □ Other □ Director □ Director □ Director □ Director □ Vice President □ Vice President □ Other □ Other □ O	□Director		Director	
■ Secretary □ Treasurer □ Other	□President		□President	Austin, TX 78758
□Other □Other □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □Director □President □Vice President □Vice President □Secretary □Treasurer □Secretary □Treasurer □Other □Other □Other □Chairman Name: □Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □Director □Director □Director □President □President □Vice President □Vice President	□Vice President		□Vice President	
□Chairman Name: □Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □Director □Director □President □Vice President □Vice President □Vice President □Secretary □Treasurer □Secretary □Treasurer □Other □Other □Other □Other □Chairman Name: □Chairman Name: □Director □Director □Director □Director □Director □President □Vice President □Vice President □Vice President	■ Secretary	□Treasurer	Secretary	☐Treasurer
□ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President	□Other	Other	□Other	Other
□Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □Secretary □Treasurer □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President	□Chairman	Name:	□Chairman	Name:
□ Director □ President □ Vice President □ Vice President □ Other □ Other □	□Vice Chairman		□Vice Chairman	
□ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President				
□Secretary □Treasurer □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □President □Vice President □Vice President	□President		□President	
□Other □Other □Other □Chairman Name: □Chairman □Vice Chairman Address: □Vice Chairman □Director □Director □President □President □Vice President □Vice President	□Vice President		□Vice President	
□Chairman Name: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President	Secretary	□Treasurer	Secretary	□Treasurer
□Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President	□Other	□Other	Other	Other
□Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President	□Chairman	Name	Chairman	Nama
□ Director □ Director □ President □ President □ Vice President □ Vice President □ Director □ Direc				
□ President □ President □ Vice Presiden		Address.		Address:
□ Vice President □ Vic				
	∐President		□President	
□ Secretary □ Treasurer □ Secretary □ Treasurer	□Vice President		□Vice President	
	□Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other □Other □Other □Other	□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-incindividuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Carlos D Morales Gonzalez, Secretary

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

DELAWARE, DO HEREBY CERTIFY "CLEARMARKET 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 SEVENTEENTH DAY OF MAY, A.D. 2022.

Authentication: 203446214

Date: 05-17-22