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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL MAIL		
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Certified Copies	_ Certificate	s of Status		
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TALL AS A CONTRACT

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S. ROBERTS
JUN 2 8 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 06/28/2022

PRIORITY

Routine

OUR REF_#_(Order_ID#) Courtney

ORDER ENTITY

NCINO OPCO, INC.

PLEASE	PERFORM THE FOLLOWING SERVICES:

NCINO OPCO, INC.

Please file the attached qualification document.

NOTES:

\$70,00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:_

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

. nCino OpCo, Inc		ATED," "COMPANY," "CORPORATION	"
	orp," "Inc," "Co," or "Corp.")	TATED, COMPANY, CORPORATION	,
(If name unavaila	ble in Florida, enter alternate corporal	te name adopted for the purpose of transacting	g business in Florida)
Delaware 2.		3. 46-4353148 (FEI number, if app	
(State or country	y under the law of which it is incorpor	rated) (FEI number, if app	olicable)
12/18/2013			
(Date	of incorporation)	5. (Date of duration, if other t	han perpetual)
5/31/2022			
	(SEE SECTIONS 607.1501	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability	ty)
7 6770 Parker Farm	Dr Wilmington, NC 28405		
·		cipal office street address)	
	(Curre	ent mailing address, if different)	
			20
8. Name and stree	et address of Florida registered age	ent: (P.O. Box <u>NOT</u> acceptable)	72 TA:
Name:	Incorporating Services, Ltd.		1022 JUH 2
Office Address:	1540 Glenway Drive		، ۵۵ ر ن
	Tallahassee	, Florida 32301 (Zip code)	
	(City)	(Zip code)	f
9. Registered ag	ent's acceptance:		. ज
Haying been nam	ned as registered agent and to acco	ept service of process for the above stated	
		appointment as registered agent and agre tatutes relative to the proper and comple	
		of my position as registered agent.	ie perjormance of my um
	Cours Leto	Courtney Lehto, Assistant S	ecretary

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS				
□Chairman	Name:	[]Chairman	Name: April Rieger	
□Vice Chairman	6770 Parker Farm Dr Address:	□Vice Chairman	6770 Parker Farm Dr Address:	
Director	Wilmington, NC 28405	■ Director	Wilmington, NC 28405	
President		□President		
□Vice President		□Vice President		
Secretary	☐ Treasurer	□ Secretary	Treasurer	
□Other	Other	□Other	□Other	
□Chairman	David Rudow	□Chairman	Pierre Naude Name:	
[]Vice Chairman	Address:	ClVice Chairman	6770 Parker Farm Dr Address:	
■ Director	Wilmington, NC 28405	□Director	Wilmington, NC 28405	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	[]Treasurer	☐Secretary	[]Treasurer	
[]Other	[]Other	■Other	[]Other	
El Chairman	Name:	El Chairman	Name:	
	6770 Parker Farm Dr	□ Vice Chairman	6770 Parker Farm Dr	
□Director	Wilmington, NC 28405	□Director	Wilmington, NC 28405	
☐ President		□President		
□ Vice President		□ Vice President		
☐ Secretary	☐'Treasurer	■ Secretary	□Treasurer	
■Other CFO	Other	Other	□Other	
Important Notice: individuals may be	Use arrattachment to report more than six (6). The canded to the index when filing your Florida Departure of Direct	rtment of State Annual Re	d for reporting purposes only. Non-indexed eport form.	
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in nu- alse information submitted in a document to the De	mber Li above) affirms th	nat the facts stated herein are true and that he or	
13. David Rudo	w			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NCINO OPCO, 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-EIGHTH DAY OF JUNE, 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 "NCINO OPCO, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013.

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

Authentication: 203785650

Date: 06-28-22

5451602 8300 SR# 20222847138