

F220000004192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

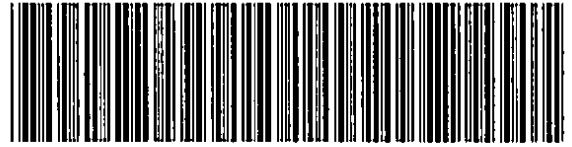
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 16 PM 2:20
TALLMAN, JEFF

S. ROBERTS

JUN 16 2022

Arlington LAW GROUP

Marissa N. Whitaker
Paralegal

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Arlington, VA 22209-2741
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June 10, 2022

VIA MAIL

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

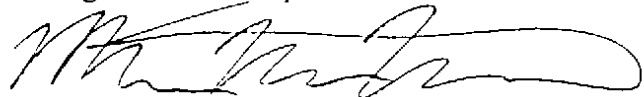
Re: Application for Registration of Foreign Covered Entity
greymatter.io Inc.

To Whom this May Concern,

Please see the enclosed Application for Registration of Foreign Covered Entity that our firm is submitting on behalf of our client, greymatter.io Inc. We have also included the necessary filing fee and the certificate of good standing to complete the application.

If you have any questions or concerns, please do not hesitate to contact me at (703) 842-3025 ext. 48 or by email at mwhitaker@arlingtonlawgroup.com and I will be happy to help.

Sincerely,
Arlington Law Group



Marissa N. Whitaker

Enclosures:

- Application
- Check for seventy dollars (\$70.00)
- Certificate of Good Standing (verified)

COVER LETTER

TO: Registration Section
Division of Corporations
greymatter.io Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Eric M. Lemmer, Esq.

_____	Name of Person
Arlington Law Group	
_____	Firm/Company
1739 Clarendon Boulevard	
_____	Address
Arlington, Virginia 22209	
_____	City/State and Zip code
kena.holmes@greymatter.io	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric M. Lemmer, Esq.	703	842-3025 x41
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
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.*

greymatter.io Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware N/A

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

February 18, 2022

N/A

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

106 N. Lee Street, Suite 2, Alexandria, Virginia 22314

7. _____
(Principal office street address)

N/A

(Current mailing address, if different)

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

Registered Agent Solutions, Inc.

Name: _____

155 Office Plaza Drive, Suite A

Office Address: _____

Tallahassee

32301

(City)

_____, Florida _____
(Zip code)

TALLAHASSEE
2022 JUN 16 PM 2:20

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 agent's signature)

Adam Saldana, Asst. Secretary

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]:

A. DIRECTORS

Christopher M. Holmes

☒ Chairman Name: _____
106 N. Lee Street, Suite 2
☐ Vice Chairman Address: Alexandria, Virginia 22314

☒ Director _____

☒ President _____

☐ Vice President _____

☒ Secretary _____ ☐ Treasurer _____
CEO
☒ Other _____ ☐ Other _____

Mike Kushin

☐ Chairman Name: _____
106 N. Lee Street, Suite 2
☐ Vice Chairman Address: Alexandria, Virginia 22314

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

Jonathan Holmes

☐ Chairman Name: _____
106 N. Lee Street, Suite 2
☐ Vice Chairman Address: Alexandria, Virginia 22314

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____
CTO
☒ Other _____ ☐ Other _____

Michele Perry

☐ Chairman Name: _____
106 N. Lee Street, Suite 2
☐ Vice Chairman Address: Alexandria, Virginia 22314

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

Erik Bengaard

☐ Chairman Name: _____
106 N. Lee Street, Suite 2
☐ Vice Chairman Address: Alexandria, Virginia 22314

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____
CFO
☒ Other _____ ☐ Other _____

Michael Schwartz

☐ Chairman Name: _____
106 N. Lee Street, Suite 2
☐ Vice Chairman Address: Alexandria, Virginia 22314

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____
COO
☒ 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. 

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.

Christopher M. Holmes, Chief Executive Officer

13. _____

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREYMATTER.IO 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 SIXTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREYMATTER.IO INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6629094 8300

SR# 20222629324

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203602793

Date: 06-06-22