# F22000004494

(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:					
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S. ROBERTS JUL 0 8 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	ECT: FetchyFox, Inc.				
	1	Name of corporatio	n - must	include suffix	
Dear Si	r or Madam:				
"Certifi	closed "Application by Fore cate of Existence," or "Cert eferenced foreign corporation	ificate of Good Sta	nding" a	nd check are sub	
Please r	return all correspondence co	oncerning this matte	r to the f	ollowing:	
Christin	a Apatow				
		Name of	Person		
FetchyF	ox, Inc.				
		Firm/Cor	npany		
100 S M	Jurphy Ave, Suite #200				
		Addı	ess		
Sunnyva	ale, CA 94086				
		City/State a	and Zip o	code	<del> </del>
contact@	@fetchyfox.com				
	E-mail a	iddress: (to be used	for futur	e annual report n	otification)
For furt	her information concerning	this matter, please	call:		
Courtne	y Grove	at () 409-9253			
	Name of Person	Area Coo	le	Daytime Telepl	none 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	
Please n		IDA DEPARTMEN'	□ \$78.7:	ATE 5 Filing Fee & ied Copy	■ \$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.

FetchyFox, Inc.					
	corporation: must include "INCORPORATED," forp." "Inc," "Co." or "Corp.")	"COMPANY." "CORPORATION	Ν,"		
(If name unavail	able in Florida, enter alternate corporate name ad		ng business in Florida)		
2. Delaware	3 8	81-3994398			
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
	e of incorporation)	(Date of duration, if other than perpetual)			
100 S Murphy Av 7	(SEE SECTIONS 607.1501 & 607.1501 of constant of the second secon	4086	(ly)		
	(Current mailing	address, if different)			
8. Name and streen	et address of Florida registered agent: (P.O.  Courtney Grove	Box NOT acceptable)	2122 JUL - TALL AL		
Office Address:	10 Kings Rd	<u> </u>	ω, α		
	Naples	, Florida	<b>=</b>		
	(City)	(Zip code)	28		

### 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)

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.

#### A. DIRECTORS Christina Apatow Cha Li Name: \_\_\_\_ □Chairman □ Chairman Address: \_\_\_\_ 100 S Murphy Ave ☐ Vice Chairman □ Vice Chairman Address: Suite #200 Suite #200 □ Director □Director Sunnyvale, CA 94086 Sunnyvale, CA 94086 President □President ☐ Vice President ☐ Vice President □ Secretary □Treasurer ■ Secretary Treasurer □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ □Chairman Name: Name: □Chairman ☐ Vice Chairman □Vice Chairman Address: \_\_\_\_\_ Address: Director □Director **President** □President □ Vice President \_\_\_\_\_ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other\_\_\_\_\_ □()ther □Other Name: \_\_\_\_\_ □Chairman □Chairman Name: □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □Director □Director \_\_\_\_\_ President □President □ Vice President \_\_\_\_\_ □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □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. 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. Christina Apatow

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FETCHYFOX, 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-THIRD DAY OF MAY, A.D. 2022.



Authentication: 203493652

Date: 05-23-22