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COVER LETTER

TO:	Registration Section Division of Corporations					
	Rivly, Inc.					
SUBJ	ECT:		•			
		ne of corporation	- must include suffix			
Dear S	ir or Madam:					
Certi	closed "Application by Foreign Teate of Existence," or "Certifica referenced foreign corporation to	ate of Good Stan	ding" and check are s			
	return all correspondence conce Thompson	rning this matter	to the following:			
Rivly,	Inc.	Name of	Person			
		Firm/Com	nany			
700 S	Harbour Island Blvd Ste 803	, innectan	i		·- 4	1
Address Tampa, F1, 33602			1 JUL 25			
City/State and Zip code dthompson@rivly.com					<u> </u>	
For fur	E-mail address ther information concerning this		or future annual repor all:	t notification)	14'	38
Daniel	Thompson	518	573-4201			
-	Name of Person	at (Area Code) 2 Daytime Tel	ephone 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	ed is a check for the following a make check payable to: FLORIDA .00 Fifing Fee	DEPARTMENT_	OF STATE] \$78,75 Filing Fee & Certified Copy	□ \$87.50 F Certifica Certified	te of Sta	

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. Rivly, Inc. (finter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Toc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 85-4202220 (FEI number, if applicable) (State or country under the law of which it is incorporated) December 4, 2020 5. (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 700 S Harbour Island Blvd Ste 803, Tampa, FL 33602 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Daniel Thompson Name: 700 S Harbour Island Blvd Ste 803 Office Address: Tampa (City) 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.

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.

(Registered agent's signature)

A. DIRECTORS	Daniel Thompson			
⊟СБанта л	Name:	□Chairman	Name:	
□V ₈ . Chairman	Address;	□Vice Chairman	Address:	
∐Director	Tumpa, FL 33602	□Director		
■ President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director	· · · · · · · · · · · · · · · · · · ·	
□President	·	□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
				7-43
□ Chairman	Name:	□Chairman	Name:	1 /- ,
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
[]President		□President		. , යු
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		[]Treasurer
□Other	Other	□Other		□Other
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of the index when filing your	nent of State Annual Re	eport form.	
	Signature of Director signing this document (and who is listed in numbalse information submitted in a document to the Depa	per 11 above) affirms th		
s.817.455, F.S.	npson, President			

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



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

DELAWARE, DO HEREBY CERTIFY "RIVLY, 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 THIRD DAY OF JULY, 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 "RIVLY, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2020.

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



Authentication: 203829106

Date: 07-03-22

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