F22000004859

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Certificates of Status					
Special Instructions to Filing Officer:					

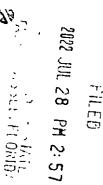
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T. LEMIEUX AUG - 3 2022

COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT: HashiCorp. Inc.				
	Name of corporation	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Sta	nding" and check are sub		
Please return all correspondence	concerning this matte	er to the following:		
Ann-Kitt Jahren				
	Name o	Person		
Law Office of Ann-Kitt Jahren				
	Firm/Co	npany		
100 Rosario Court				
	Add	ress		
San Ramon, CA 94583				
	City/State	and Zip code		
Ann-Kitt.Jahren@AKJahren.com				
l:-ma:	Laddress: (to be used	for future annual report r	notification)	
For further information concerni	ng this matter, please	eall:		
Ann-Kitt Jahren	925	25 927-0748		
Name of Person	at (Area Coo		hone 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		
	RIŌA DEPARTMEN	T OF STATE □ \$78.75 Filing Fee & Certified 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.

HashiCorp, Inc	; ,			
(Enter name of	corporation: must include "INCORPORATED." Corp." "Inc." "Co." or "Corp.")	"СОМРАР	ty," "CORPORATI	ON."
(If name unavai	lable in Florida, enter alternate corporate name ad	lopted for tl	ne purpose of transac	ting business in Florida)
2. Delaware	3 3	2-0410665		
(State or count	ry under the law of which it is incorporated)		(FEI number, if	applicable)
4. May 23, 2013	5.			
(Dat	e of incorporation) 5.	(Da	ite of duration, if oth	er than perpetual)
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			pility)
7 101 2nd Street, S	Suite 700, San Francisco, CA 94105		,	• ′
, · ·	(Principal office	street add	ress)	2022
	(Current mailing	address, if	different)	. Je
8. Name and stre	eet address of Florida registered agent: (P.O.	Box <u>NOT</u>	_acceptable)	28 P
Name:	C T Corporation System			PR C
Office Address:	1200 South Pine Island Road			2: 57 5546 60986
	Plantation	FL.	33324	••
	(City)		(Zip code)	

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.

By: (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.

DocuSign Envelope (D: 15B4DD28-BCA8-4E46-BE4F-F9B782AF0166

☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other ☐ CEO	Name: David McJannet Name: 101 2nd Street, Suite 700 Address: San Francisco, CA 94105	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	San Francisco, CA 94105 ☐Treasurer		
□Chairman □Vice Chairman ☑Director □President	Name: Armon Memaran-Dadgar 101 2nd Street, Suite 700 Address: San Francisco, CA 94105	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Susan St. Ledger Name: 101 2nd Street, Suite 700 Address: San Francisco, CA 94105 Treasurer		
Other		☐Secretary			
□Chairman	Name: 101 2nd Street, Suite 700 Address: San Francisco, CA 94105	□Chairman	Name: Sigal Zami Name: 101 2nd Street, Suite 700 Address: San Francisco, CA 94105		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
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. Faul Warrington 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.

na Paul Warenski Secretary

ATTACHMENT TO APPLICTION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Additional Officers:

Navam Welihinda, CFO and Treasurer Paul Warenski, Secretary



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

DELAWARE, DO HEREBY CERTIFY "HASHICORP, 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-FOURTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203763515

Date: 06-24-22