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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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AUG - : 2022 M. SOLOWON

COVER LETTER

-	tration Section for Corporations				
SUBJECT:	WUNDERGRAPH, INC.				
	Nan	ne of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Existence," or "Certificated foreign corporation to	ate of Good Stan	ding" and check are sub		
Please return	all correspondence conce	rning this matter	to the following:		
SHERI WESTI	FALL				
		Name of	Person		
MASUDA FU	NALEIFERT & MITCHEL	L LTD.			_
		Firm/Com	pany		
203 N LASALI	LE STREET				
		Addre	ess		
CHICAGO, IL	60601				.î. u
		City/State at	nd Zip code		
swestfall@mas	udafunai.com				4 h C
	E-mail addre	ess: (to be used f	or future annual report	notification)	 ഗ
For further int	ormation concerning this	matter, please c	all:		
SHERI WEST	FALL	at () 245-7473 c Daytime Telep		
Namo	e of Person	Area Code	Daytime Telep	hone Number	-
Regist Divisi The C 2415 i	TET/COURIER ADDRI tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
	•	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filio Certificate Certified C	of Status &

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.

(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION.	
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in Florida)
DELAWARE	3 3	30-1299370	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
. 03/14/2022 (Date	5	(Date of duration, if other th	an perpetual)
06/27/2022			
66 W. FLAGLER	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150) STREET, SUITE 900, MIAMI, FL 33130		·)
	R STREET, SUITE 900, MIAMI, FL 33130 (Principal office	street address)	
	(Current mailing	address, if different)	
. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2022 JUL 29
Name:	CT CORPORATION SYSTEM		1.29
ffice Address:	1200 SOUTH PINE ISLAND ROAD		AM 11: 05
	PLANTATION	, Florida <u>33324</u>	
	(City)	(Zip code)	; 35

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.

Stephanie Hencz Assistant Secretary

(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					
□Chairman		□Chairman	JENS NEUSE Name:		
□Vice Chairman	Address: 66 W. FLAGLER STREET, SUITE 900	□Vice Chairman	Address:		
■!Director	MIAMI, FL 33130	■Director	MIAMI, FL	33130	
□President		■ President			
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary		☐Treasurer	
□Other	Other	□Other		□Other	
□Chairman □Vice Chairman ■Director	Name: BJOERN SCHWENZER 66 W. FLAGLER STREET, SUITE 900 Address: MIAMI, FL 33130	□Chairman □Vice Chairman □Director	Address:		
□President		□President			
□Vice President		□Vice Presidem			
☐ Secretary	Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other	PAGE PAGE	□Other 1028	
□ Chairman		□ Chairman		6	:
□ Vice Chairman □ Director	Address:	□Vice Chairman □Director			· · · · · · · · · · · · · · · · · · ·
□President		□President		65	
□Vice President		□Vice President			
□Secretary	□Treasurer	□ Secretary		□Treasurer	
Other	□Other	□Other		□Other	
individuals may be	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 Director	ent of State Annual Re	d for reporting port form.	purposes only. Non-indexe	ed
The officer or direc	tor signing this document (and who is listed in numb.) Ise information submitted in a document to the Depar	er 11 above) affirms th	at the facts stat ites a third degr	red herein are true and that ree felony as provided for i	he or in

s.817.155, F.S.

13. BJOERN SCHWENZER, TREASURER / CHIEF OPERATING OFFICER

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WUNDERGRAPH, 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-SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WUNDERGRAPH, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MARCH, A.D. 2022.

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

Authentication: 204009647

Date: 07-26-22

6672967 8300 SR# 20223088863