

10/12/22 1:41 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

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2022 OCT 12 AM 8:44

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FOREIGN PROFIT/NONPROFIT CORPORATION**CRISIS24, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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2022 OCT 12 PM 2:04

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S. ROBERTS

OCT 12 2022

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.*

1. Crisis24, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 52-2251242
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/16/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 185 Admiral Cochrane Drive STE 300 Annapolis, MD 21401
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

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.

C T Corporation System

Christine Keim
Assistant Secretary

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Grégoire Pinton

☐ Vice Chairman Address: _____

☐ Director 185 Admiral Cochrane Drive

☐ President STE 300

☐ Vice President Annapolis, MD 21401

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Pete Dordal Jr.

☐ Vice Chairman Address: _____

☐ Director 185 Admiral Cochrane Drive

☒ President STE 300

☐ Vice President Annapolis, MD 21401

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Alex Owen

☐ Vice Chairman Address: _____

☐ Director 185 Admiral Cochrane Drive

☐ President STE 300

☐ Vice President Annapolis, MD 21401

☐ Secretary ☐ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Pierre-Hubert Séguin

☐ Vice Chairman Address: _____

☐ Director 185 Admiral Cochrane Drive

☐ President STE 300

☐ Vice President Annapolis, MD 21401

☒ Secretary ☐ Treasurer

☒ Other Director ☐ Other _____

☐ Chairman Name: Kathleen Reichard

☐ Vice Chairman Address: _____

☐ Director 185 Admiral Cochrane Drive

☐ President STE 300

☐ Vice President Annapolis, MD 21401

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Patrick Prince

☐ Vice Chairman Address: _____

☒ Director 185 Admiral Cochrane Drive

☐ President STE 300

☒ Vice President Annapolis, MD 21401

☐ 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. Kathleen Reichard
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.

13. Kathleen Reichard, Treasurer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRISIS24, 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 SEPTEMBER, 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.



3245765 8300

SR# 20223604750

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204467430

Date: 09-23-22