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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PartnerHacker, Inc.				
Na	me of corporation	- must include suffix	-	
Dear Sir or Mađam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certifi above referenced foreign corporation	cate of Good Stand	ling" and check are subr	t Business in Florida." nitted to register the	
Please return all correspondence conc	erning this matter	to the following:		
Mary Catherine Wood				
	Name of I	Person .		
Nelson Mullins				
	Firm/Com	pany		
201 17th St NW Suite 1700			,	ı, *
	Addre	SS		<u></u>
Atlanta GA 30363			· ·	हेर्द्री इ.स.
	City/State ar	nd Zip code		
isaac@partnerhacker.com) = ; =
E-mail add	lress: (to be used for	or future annual report n	otification)	
For further information concerning th	is matter, please ca	all:		
Mary Catherine Wood	at (<u>404</u>			
Name of Person	Area Code	Daytime Teleph	ione Number	
STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
_	A DEPARTMENT	OF STATE i \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee Certificate of Sta 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.

PartnerHacker,			
	corporation; must include "INCORPORATED," " forp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting b	ousiness in Florida)
Delaware 	3		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
2/9/2022	5.		
	of incorporation)	(Date of duration, if other than perpetual)	
2/9/2022			
6339 Charlotte P	(SEE SECTIONS 607.1501 & 607.1502 ike #1009 Nashville TN 37209	. 1.0% to determine penalty miornity	
	(Principal office <u>s</u>	street address)	
	(Current mailing a	ddress, if different)	2022
. Name and stree	et address of Florida registered agent; (P.O. E	Box <u>NOT</u> acceptable)	2022 DEC 2
Name:	Jared Fuller		· · · · · ·
Office Address:	6226 11th Ave S	_	7ff 2: 34
		, Florida	. 34
	(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.



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.

DopuSign Envelope ID: E58822F2-5B5A-4885-929D-4EFD48779FCE A. DIRECTORS Name: _____ Jared Fuller □ Chairman □ Chairman Address: 6339 Charlotte Pike #1009 6339 Charlotte Pike #1009 ☐ Vice Chairman ☐ Vice Chairman Nashville TN 37209 Nashville TN 37209 □ Director □Director TPresident □President □Vice President □ Vice President □Treasurer **■** Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □Chairman Name: _____ Name: _____ □Vice Chairman Address: □ Vice Chairman Address: _____ □ Director □Director President □President □ Vice President ___ □ Vice President □Treasurer ☐Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Name: ______ □Chairman □Chairman □ Vice Chairman Address: _____ □ Director □ Director □ President □ President □Vice President ☐ Vice President □ Secretary □ Treasurer □Secretary ☐ Treasurer

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.

□Other _____

□Other _____

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.

Isaac Morehouse

□Other

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PARTNERHACKER, 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 NINETEENTH DAY OF DECEMBER, A.D.

2022.

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

Authentication: 205129722

Date: 12-19-22