Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000109204 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema1	1	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION GREEN DOORSTEP, INC.

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Green Doorstep, Inc.	
Name of corporation - mu	st include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to the	e following:
Name of Perso	n
Capitol Services - Corporate Filings Team	
Firm/Company	
515 East Park Avenue 2nd FI	
Address	
Tallahassee, FL 32301	
City/State and Zi	p code
mike@greendoorstep.com E-mail address: (to be used for fut	ture annual report notification)
For further information concerning this matter, please call:	IMPORTANT: The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!
Capitol Services - Corporate Filings Team at (855) 4	98 - 5500
Name of Person Area Code	Daytime Telephone 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 Tallahassec, FL 32314
	STATE .75 Filing Fee & S87.50 Filing Fee, tified Copy Certificate of Status & Certified Copy

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under the law of which it is incorporated.

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.

(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting	business in Florida)
Delaware		_{3.} 92-0411777	
	y under the law of which it is incorporated)	·	icable)
Septembe	r 14, 2022	5	
	of incorporation)	5(Date of duration, if other the	an perpetual)
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
500 North	Akard Street, Suite 3200, D	allas, TX 75201	
		office street address)	
	(Current ma	ailing address, if different)	
		•	
Name and stree	et address of Florida registered agent: (Miror
Name and street	et address of Florida registered agent: (Capitol Corporate Services, In	P.O. Box <u>NOT</u> acceptable)	EL MAR
Name:		P.O. Box <u>NOT</u> acceptable)	1 111 AHA
Name:	Capitol Corporate Services, In 515 East Park Avenue 2nd FI	P.O. Box <u>NOT</u> acceptable)	SUMAN 22 AM
Name:	Capitol Corporate Services, In 515 East Park Avenue 2nd FI	P.O. Box <u>NOT</u> acceptable)	SINITAHASSETTE
Name:	Capitol Corporate Services, In 515 East Park Avenue 2nd Fl Tallahassee (City)	P.O. Box <u>NOT</u> acceptable)	STALL AHASSECTE
Name: ffice Address: Registered age	Capitol Corporate Services, In 515 East Park Avenue 2nd Fl Tallahassee (City)	P.O. Box NOT acceptable) ic, Florida 32301 (Zip code)	27
Name: ffice Address: Registered agraying been nam	Capitol Corporate Services, In 515 East Park Avenue 2nd Fl Tallahassee (City)	P.O. Box NOT acceptable) C. , Florida 32301 (Zip code) ervice of process for the above stated of	$\stackrel{=}{=}$ $\stackrel{=}{\sim}$
Name: ffice Address: Registered agaving been names ignated in this rther agree to c	Capitol Corporate Services, In 515 East Park Avenue 2nd Fl Tallahassee (City) ent's acceptance: led as registered agent and to accept see	P.O. Box NOT acceptable) C. , Florida 32301 (Zip code) ervice of process for the above stated of intment as registered agent and agree es relative to the proper and complete	corporation at the pl to act in this capaci
Name: office Address: Registered agilaving been namesignated in this arther agree to c	Capitol Corporate Services, In 515 East Park Avenue 2nd Fl Tallahassee (City) ent's acceptance: led as registered agent and to accept see application, I hereby accept the appointment of all statutes.	P.O. Box NOT acceptable) C. , Florida 32301 (Zip code) ervice of process for the above stated of intment as registered agent and agree es relative to the proper and complete	corporation at the pla to act in this capaci performance of my

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

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

DocuSign Envelope ID: DE58A3B1-DB4C-452B-B698-40DBB4FB32B3 A. DIRECTORS Name: Michael Newhouse Chairman Chairman Name: _____ Vice Chairman Address: 1820 Purgatory Pass, Lewisville, TX 75077 Vice Chairman Address: Director Director President President ☐ Vice President ☐ Vice President Secretary Treasurer Secretary Treasurer Other _____ Other _____ Other ___ Other ____ Name: Andrew Eckerman Chairman Chairman Name: _____ Vice Chairman Address: 268 Swain Way, Palo Alto, CA 94304 Vice Chairman Address: Director Director President President ☐ Vice President ☐ Vice President Treasurer [] l'reasurer Secretary | Secretary Other _____ Other _____ Other ____ Other ___ Name: Chairman Name: Chairman Vice Chairman Address: Vice Chairman Address: Director Director President President Vice President ☐Vice President Treasurer Secretary Treasurer Secretary Other _____ 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.

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.

Signature of Director or Officer

13. Michael Newhouse, Director

<u>Delaware</u>

Page 1

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

DELANARE, DO HEREBY CERTIFY "GREEN DOORSTEP, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREEN DOORSTEP,

INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D.

2022.

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



MSR

7030238 8300 Authentication: 202980164