F23000002180

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #	<i>‡</i>)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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S. ROBERTS

APR 1 4 2023

COVER LETTER

Divis	stration Section ion of Corporations			
SUBJECT:	BMNT Inc. EIN 46	-2146531		
		Name of corporation	a - must include suffix	
Dear Sir or M	ladam:			
"Certificate o	f Existence," or "C		Authorization to Transac nding" and check are sub- ess in Florida.	
Please return	all correspondence	concerning this matte	r to the following:	
Mark Peterson				
	· ·	Name of	Person	
BMNT Inc.				
		Firm/Con	npany	
2951 El Camir	10 Real			
	-	Addr	ess	
Palo Alto, CA	94306			
		City/State a	ınd Zip code	
finance(a)bmnt				
	E-mai	Laddress: (to be used	for future annual report r	notification)
For further in	formation concerni	ng this matter, please	call:	
Mark Peterson		831) 905-4512 Daytime Telephone Number	
Nam	e of Person	Area Cod	le Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make ch ■ \$70.00 Fil	ing Fee 🔲 \$78	RIDA DEPARTMENT	F OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

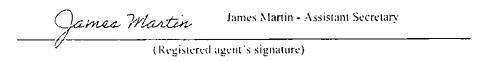
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

BMNT Inc.				
	of corporation; must include "INCORPORATED "Corp," "Inc," "Co," or "Corp,"))," "COMPANY," "CORPORATION,"		
BMNT Serv	ices Inc.			
(If name una	vailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting bus	iness in Florida)	
Delaware 3		46-2146531		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 01:01:2019	5			
	Date of incorporation) 5	(Date of duration, if other than p	perpetual)	
6	44			
0.	(Date first transacted business	in Florida, if prior to registration)		
		1502, F.S., to determine penalty liability)		
7. 105 E Monroe	: St. Jacksonville, FL 32202			
	(Principal of	fice street address)	2023 17	
2951 El Cam	ino Real, Palo Alto, CA 94306			
	(Current mail	ing address, if different)	~	
			Š	
8. Name and \underline{s}	<u>treet address</u> of Florida registered agent: (P.	O. Box. <u>NOT</u> acceptable)	~~	
Name	C T Corporation System		<u>.</u>	
Name.	1200 South Pine Island Road		20	
Office Address	:			
	Plantation	Florida 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.



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	Peter Newell Name	□Chairman	Name: Mark Peterson			
□Vice Chairman	Address 2951 El Camino Real	□Vice Chairman	Address: 2951 El Camino Real			
■ Director	Palo Alto, CA 94306	Director	Palo Alto, CA 94306			
President		□President				
UNice President	- 1121	□Vice President	2404			
□ Secretary	☐ Treusurer	□ Secretary	Treasurer			
□Other	□Other	□Other	Other			
□Chairman □Vice Chairman	Name. 2951 El Camino Real	□Chairman □Vice Chairman	Name:Address:			
Director	Palo Alto CA, 94306	□Director				
L'President		□President				
1 IVice President		□Vice President				
Secretary	□ Freusurer	□ Secretary	□Treasurer			
ElOther	l 10ther	□Other				
□Chairman	Name:	□Chairman	Name:Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	☐ Freasurer	☐ Secretary	□Treasurer			
□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. 12. Mark Peterson Signature of Director or Officer						
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 5.817-155, F.S.						

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BMNT 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 THIRD DAY OF FEBRUARY, A.D. 2023.

7201273 8300 SR# 20230354251

Authentication: 202636290

Date: 02-03-23