F23000002960

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





500405178445

03/30/23--01013--002 **70.00

05/19/23--01003--001 **150.00

2023 HAY 19 FN 2: 1

COVER LETTER

_	stration Section ion of Corporation	15			
	Spotwork, Inc.				
SUBJECT:		Name of corp	oration - r	nust include suffix	
Dear Sir or M	ladam:	·			
"Certificate o		Certificate of Go	od Standir	g" and check are subr	t Business in Florida," nitted to register the
Please return	all correspondence	e concerning this	matter to	the following:	
Daniel Copela	nd				
	-	N	ame of Pe	son	
Spotwork, Inc					
		Fir	m/Compa	ny	
33 Bloor Stree	et East, 5th Floor				
			Address		
Toronto ON, O	Canada, M4W3H1				
		City	State and	Zip code	_
daniel@spotw	ork.co				
	E-m	ail address: (to b	e used for	future annual report n	otification)
For further in	formation concern	ning this matter.	olease call	:	
Daniel Copela	ınd	95 at (4	7796433	
Nam	e of Person	Ar	ea Code	Daytime Teleph	none 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 Tallahassee, FL 32314	
	~		& 🗆 \$	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

	orporation: must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	· · ·	
_{2.} Delawar	eble in Florida, enter alternate corporate name ad elements. 3 y under the law of which it is incorporated)	lopted for the purpose of transacting (FEI number, if appl		
4. August 3,	2022 5	Perpetual		
•	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)	
_{6.} Novembe	(Date first transacted business in F	Florida, if prior to registration)		
_{7.} 33 Bloor S	Street East, 5th Floor, Toror (Principal office		W3H1	
	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC	Box NOT acceptable)	2023 MAY 1.9	
Office Address:	7901 4th St N STE 300	<u> </u>	· • • • • • • • • • • • • • • • • • • •	
	St. Petersburg (City)	Florida 33702(Zip code)	2: 16	
0 D				

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.

(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 Darren Perlman Name: ☐ Chairman Name: _____ ☐ Chairman 33 Bloor Street East, 5th Floor Address: Toronto ON, Canada, M4W3H1 □ Vice Chairman □ Vice Chairman Address: □ Director Director □ President □ President □ Vice President ______ ☐ Vice President □Treasurer □ Secretary Treasurer □ Secretary □Other _____ □Other Other _____ Other _____ **Daniel Copeland** Name: □ Chairman □ Chairman Name: 33 Bloor Street East, 5th Floor Address: Toronto ON, Canada, M4W3H1 □ Vice Chairman □ Vice Chairman Address: _____ □ Director □ Director □President ☐ President ☐ Vice President □ Vice President ■ Secretary □Treasurer ☐ Secretary □Treasurer □Other ______ □ Other _____ □ Other _____ Name: _____ □ Chairman □ Chairman Address: _____ ☐ Vice Chairman Address: □ Vice Chairman □ Director □ Director □ President □President ☐ Vice President ___ □ Vice President □ Secretary ☐ Treasurer □ 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. **Daniel Copeland** 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.

d or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SPOTWORK, 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-SECOND DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPOTWORK, INC."

WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/au

Authentication: 202758845

Date: 02-22-23