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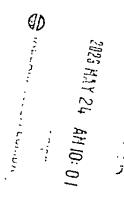
-	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
·	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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2023 MAY 24 AM IO: 03 SECTLEY BY OF SEATE TALLAHAS SEELED





Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

TO

e-mail: accounting@incserv.com

ORDER FORM

FROM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 05/24/2023

PRIORITY Routine

OUR REF # (Order ID#) Renee

ORDER ENTITY
CARTERA COMMERCE, INC.

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES:

CARTERA COMMERCE, INC.

Please file the attached qualification document.

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

M

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.

	able in Florida, enter alternate corporate na		g business in Florida)
Delaware (State or country under the law of which it is incorporated)		3. 20-2934437 (FEI number, if app	alicable)
1		D 1	nicume,
(Date of incorporation)		5. Perpetual (Date of duration, if other than perpetual)	
		(12ate of duration, if other than perpetuar)	
Lifective (ipon filing date	ss in Florida, if prior to registration)	
		ss in Florida, it prior to registration) 7.1502, F.S., to determine penalty liabilit	y)
800 Concar Da	San Mateo, CA 94402		
		office street address)	
	(Current ma	illing address, if different)	
. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	1023.HV 57 SECTONES
Name:	Incorporating Services, Ltd.		
name:	1640 Cl D		172
Office Address:	1540 Glenway Drive		
	Tallhassee	Florida 32301	AM 10: 03
	(City)	, Florida <u>32301</u> (Zip code)	
			(A)
	ent's acceptance: ed as registered agent and to accept se	union of propage for the above stated	cornoration at the pla
. Registered ago		rvice of process for the above stated	corporation at the pra-

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.

Renee T. Kent, Assistant Secretary

(Registered agent's signature)

DocuSign Envelope ID. 34743C91-BBF0-4E65-900C-D90B1565D719

A. DIRECTORS Adrienne Down Coulson Amit Patel □ Chairman Name: _ □ Chairman Name: 800 Concar Dr. 800 Concar Dr. Address: San Mateo, CA 94402 Address: San Mateo, CA 94402 □Vice Chairman □Vice Chairman Director Director. President/CEO _____ □ President □Vice President ☐ Vice President ☐ Secretary □Treasurer **Ď**Secretary □Treasurer ☐Other _____ □Other _____ □Other _____ □Other _ ____ Name: Greg Kaplan 800 Concar Dr. □ Chairman Name: □ Chairman Address: San Mateo, CA 94402 □Vice Chairman □Vice Chairman Address: Director □ Director □President □ President □Vice President _____ ☐ Vice President □Treasurer □ Secretary ☐ Secretary Other _____ □Other _____ Other _____ □Other _____ □Chairman □Chairman Name: _____ Name: _____ □Vice Chairman Address: _____ □Vice Chairman Address: □ 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.

ந்தியில்லி 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. Amit Patel, CEO/President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CARTERA COMMERCE, 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 MAY, 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 "CARTERA COMMERCE, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2005.

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



Authentication: 203408746

Date: 05-23-23

3978757 8300 SR# 20232311657