F23000003366

(Requestor's Name)
(Address)
(Address)
(,
(A) (A) (B) (B)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Construct March 197
(Document Number)
Certified Copies Certificates of Status
Consideration to Efficiency
Special Instructions to Filing Officer:

Office Use Only



200408690242

2023 JUN -6 PM 2: 49

....

RECEIVED

2023 JUN - 6 PM 2: 24



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/06/23

NAME: ARRIVED CAPITAL, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Arrived Capital, Inc.					
Nam	e of corpora	tion - mu	st include suffix		
Dear Sir or Madam:					
The enclosed "Application by Foreign Certificate of Existence," or "Certifica above referenced foreign corporation to	Corporation te of Good S transact bus	for Autho Standing" siness in F	rization to Tran and check are s lorida.	sact i ubmi	Business in Florida," tted to register the
Please return all correspondence concern	ning this ma	tter to the	following		
Richard Katz	g ttas ma	ator to ule	ionowing;		
		of Person	 -		
Arrived Capital, Inc.	. vainc	OI I CISUN			
	Firm/C	ompany			
11755 Wilshire Blvd. Suite 1250		· · · · · · · · · · · · · · · · · · ·			
	Ad	dress			
Los Angeles, CA 90025					
rich@arrivedcapital.com	City/State	and Zip	code		
E-mail address	s: (to be use	d for futur	e annual report	notif	ication)
For further information concerning this m			·		,
Richard Katz at (818		, 943-	943-3232		
Name of Person	Area Co		Daytime Telep	hone	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		n ations
inclosed is a check for the following amou lease make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT Fee & [□ \$78.75	TE Filing Fee & ed 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.

"Inc.," "Co.,"	f corporation; must include "INCORPORATED, "Corp." "Inc," "Co." or "Corp.")	CORPORATION,		
(If name unava	illable in Florida, enter alternate corporate name	oda 15 d		
, CA	and the corporate rame	adopted for the purpose of transacting b	usiness in Florida)
2. (State or cour	tru under the land of the same	92-2179343		
02/02/2023	3. atry under the law of which it is incorporated)	(FEI number, if applic	able)	
4(D ₂	to of incompanion) 5.			
(124	ic of nicorporation)	(Date of duration, if other than perpetual)		
ń. <u></u> _				
	(Date first transacted business in	Florida, if prior to registration)		-
7 11755 Wilshire	Blvd. Snite 1250 Los Apostos CA conos	02, F.S., to determine penalty liability)		
·				
	(Principal offic	e <u>street</u> address)		_
· 	(6)			
	(Current maning	address, if different)		
8. Name and stre	et address of Florida registered agent: (P.O.	B		≧
	Possess I i fortula registered agent: (P.O.	Box NOT acceptable)	ئ و	<u> </u>
Name:	Paracorp Incorporated		· · · · · · · · · · · · · · · · · · ·	
Office Address:	155 Office Plaza Drive, 1st Floor		 0	l 1750
	(F., 1) - 1	 -	:5 =	D . T.
	Tallahassee (City)	Florida ³²³⁰¹		
	(City)	(Zip code)	T	
9. Registered age	ent's acceptance:		t)
Having been nam	ed as registered agent and to agreement	of process for the above stated corr	raration at the	
designated in this further agree to co	application, I hereby accept the appointme, mply with the provisions of all statutes reli-	nt as registered agent and agree to d	act in this capac	iace itv. I
and I am familiar	omply with the provisions of all statutes relations and accept the obligations of my positions are my positions.	itive to the proper and complete per	formance of my	duties,
	· · · · · · · · · · · · · · · · · · ·	ion as registerea agent.		
	Please see attached.			
	(Registered agent's sign	iture)		
10. Attached is a o		•		
the Department of	ertificate of existence duly authenticated, no State, by the Secretary of State or other officials it is incorporated.	I more than 90 days prior to delivery	of this applicati	on to
under the law of wl	nich it is incorporated.	maring custody of corporate recor	rds in the jurisdic	ction

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

A. DIRECTORS					
` ElChairman	Name: Gregg Steven Bernstein	□Chairman	Name: Richard Katz Address: 11755 Wilshire Blvd. Suite 1250		
∐Vice Chairman	Address: 11755 Wilshire Blvd. Suite 1250	CIVice Chairman			
ElDirector .	Los Angeles, CA 90025	□ Director	Los Angeles, CA 90025		
President		□ President			
ElVice President		□Vice President			
☐ Secretary	[]Treasurer	□ Secretary			
☐Other	Other	CEO	□ Treasurer □ Other		
□Vice Chairman □Director □President □	Name:Address:	□ Vice Chairman □ Director □ President	NameAddress:		
-	□Treasurer	☐ Secretary	∏Treasurer		
□Other	LJOther	[]Other			
	dame:	□Chairman N	ame:		
	ddress:	□Vice Chairmau 🔝	uddress:		
		□ Director			
□President		□ President			
□Vice President		□Vice President			
[] Secretary	OTreasurer	☐ Secretary	☐Treasurer		
Other	Other	L1Other	EJOther		
Important Notice: Use individuals may be add	an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the six of the s	schment will be imaged for ent of State Annual Report	· · · · · · · · · · · · · · · · · · ·		
The ofference "	Signature of Director of				
she is aware that false is s.817.155, F.S.	signing this document (and who is listed in number information submitted in a document to the Depart	r 11 above) affirms that the ment of State constitutes a	e facts stated herein are true and that he or third degree felony as provided for in		
13. Richard Katz - (

(Typed or printed name and capacity of person signing application)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 06/05/2023

ENTITY NAME: Arrived Capital, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Arrived Capital, Inc.

Entity No.: 5485546 Registration Date: 02/02/2023

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 05, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 116123827

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.