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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

_	tration Section ion of Corpora				
SUBJECT:	Evisort Inc.				
		Name of corporat	on - must	include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence," o	by Foreign Corporation for "Certificate of Good Supportion to transact bus	tanding" a	ind check are sub-	-
Please return	all correspond	ence concerning this ma	ter to the	following:	
Jacob Sussma	n				
		Name	of Person		
Evisort Inc.					
		Firm/C	ompany		
49 Stevenson	St., Suite 1500				
		Ac	ldress		
San Francisco	, CA 94105				
		City/Stat	c and Zip	codc	
legal@evisort.d	com				
	E	-mail address: (to be use	ed for futu	re annual report n	otification)
For further in	formation con	cerning this matter, pleas	se call:		
Colby Mangon	on	808 at (265	5-5859	
Nam	e of Person	Area C	ode	Daytime Telepl	hone Number
Regis Divis The (2415	stration Section ion of Corpora Centre of Talla	utions hassee reet, Suite 810		MAILING A Registration S Division of Co P:O. Box 6327 Tallahassee, F	ection orporations
	eck payable to:	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78 .7	FATE 75 Filing Fee & ified Copy	\$87.50 Filing Fec, 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.

(Enter name of c				
	corporation; must include "INCORPOR Corp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION	N,"	
(If name unavail	able in Florida, enter alternate corpore	ate name adopted for the purpose of transacting	ng business in Florida)	
Delaware		3. 81-4677701		
(State or count	ry under the law of which it is incorpor		pplicable)	
12/09/2016		5.		
(Date	e of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
02/29/2020				
-	· · · · · · · · · · · · · · · · · · ·	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liabili	ity)	
49 Stevenson St	., Suite 1500, San Francisco, CA 9410	5		
 		cipal office street address)		
	ζ	onpar office <u>street</u> address)		
	/0	ent molling address (6.4(Marent)		
	(Curre	ent mailing address, if different)		
		(CD O D NOT () 11)	2027	
Nigram and many				
Name and stre	et address of Florida registered age	ent: (P.O. Box <u>NOT</u> acceptable)		٠٣٦
Name and stree Name:	Registered Agents Inc	ent: (P.O. Box <u>NOT</u> acceptable)	JUL 2	
Name:		ent: (P.O. Box <u>NOL</u> acceptable)	1823 JUL 21	£
Name:	Registered Agents Inc 7901 4th St N STE 300			
Name:	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg	, Florida 33702		\$ t
Name:	Registered Agents Inc 7901 4th St N STE 300	33702		E f
Name: ffice Address:	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)	, Florida 33702		\$ f
Name: ffice Address: Registered ag	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)	, Florida 33702	AM 10: 44	
Name: ffice Address: Registered ag aving been nan esignated in this	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) gent's acceptance: med as registered agent and to accept application, I hereby accept the acceptance.	, Florida 33702 (Zip code) ept service of process for the above states appointment as registered agent and agree	d corporation at the p	place city.
Name: ffice Address: Registered ag aving been nan signated in this rther agree to c	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) gent's acceptance: med as registered agent and to accept application, I hereby accept the accomply with the provisions of all st	, Florida 33702 (Zip code) ept service of process for the above states appointment as registered agent and agritatutes relative to the proper and comple	d corporation at the p	place city.
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

. A., DIRECTORS Jerry Ting Jacob Sussman Chairman ☐ Chairman Name: 49 Stevenson St. Suite 1500 49 Stevenson St., Suite 1500 ☐Vice Chairman Address: ☐ Vice Chairman Address: San Francisco, CA 94105 San Francisco, CA 94105 □Director □ Director President □ President ☐Vice President ₩Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ☐ 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 _____ □ Other _____ Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director Director □ President ☐ President □ Vice President _ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □ Treasurer □Other 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. Jacob Ausona 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. Jacob Sussman, Vice President; Chief Operating and Product Officer



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

DELAWARE, DO HEREBY CERTIFY "EVISORT 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 NINETEENTH DAY OF JULY, 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 "EVISORT INC."

WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 2016.

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

Authentication: 203775106

Date: 07-19-23

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