

F23000004918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

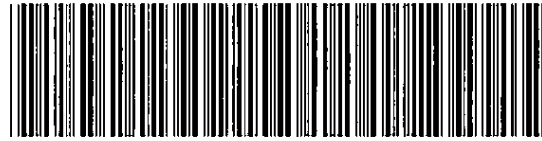
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2022 AUG 2 11:05



S. ROY

AUG 2, 2023

W23-105220

872



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2023

CT CORP

SUBJECT: BEACON PLATFORM INCORPORATED  
Ref. Number: W23000105720

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for BEACON PLATFORM INCORPORATED .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

According to the application submitted to this office, this entity transacted  
business in the state of Florida before properly registering with the Florida  
Department of State, Division of Corporations. Consequently, a \$500 civil penalty  
and an annual report filing fee for each year the entity failed to properly file a  
Florida annual report are due this office. Based on the date entered on the  
application, the civil penalty and annual report filing fees total \$150.00.

If you have any questions concerning the filing of your document, please call  
(850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

Letter Number: 223A00017485

RECEIVED  
2023 AUG 22 AM 9:52  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 08/02/2023

Acc#120160000072

*en: 12/11*

Name:	BEACON PLATFORM INCORPORATED
Document #:	
Order #:	15055336

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_  
Ref# \_\_\_\_\_

Amount: \$ **228.75**



**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.*

1. BEACON PLATFORM INCORPORATED  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- BEACON PLATFORM INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 81-1774783  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 22, 2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. APRIL 11, 2022  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5 HANOVER SQ, SUITE 2001 NEW YORK, NY 10004  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation FL 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.*

By: CT Corporation System  
Denise Bell Denise Bell, Asst. Secretary  
(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.

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

### A. DIRECTORS

☐ Chairman Name: KIRAT SINGH  
☐ Vice Chairman Address: 5 HANOVER SQ, SUITE 2001  
☒ Director NEW YORK, NY 10004  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: JOHN KIRKOWSKI  
☐ Vice Chairman Address: 650 NEWPORT CENTER DR.  
☒ Director NEWPORT BEACH, CA 92660  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: ANGEL PU  
☐ Vice Chairman Address: 450 LEXINGTON AVE.  
☒ Director NEW YORK, NY 10017  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: MARK HIGGINS  
☐ Vice Chairman Address: 5 HANOVER SQ, SUITE 2001  
☒ Director NEW YORK, NY 10004  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: ERIC BYUNN  
☐ Vice Chairman Address: 540 COWPER ST, SUITE 200  
☒ Director PALO ALTO, CA 94301  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: PAULA MADOFF  
☐ Vice Chairman Address: 200 WEST STREET  
☒ Director NEW YORK, NY 10282  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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. Alla Liberman  
Alla Liberman (Jul 25, 2023 17:40 EDT)

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.

13. ALLA LIBERMAN  
(Typed or printed name and capacity of person signing application)

## **ATTACHMENT 1 - ADDITIONAL DIRECTORS**

JASON HOLMES - DIRECTOR  
36W481 HUNTERS GATE ROAD  
SAINT CHARLES, IL 60175

RISHI NANGALIA - DIRECTOR  
200 VARICK STREET, SUITE 910  
NEW YORK, NY 10014

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON PLATFORM INCORPORATED" 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-EIGHTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5491668 8300

SR# 20233114443

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203851344

Date: 07-28-23