F23000006219

(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Cí	ty/State/Zip/Phon	e #)	
☐ PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Na	me)	
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status	
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Account#: I20000000088

Date:	11/01/2023	
	Juliana	
	£2157782	
	e:I	FIVETRAN INC.
✓ Articl	les of Incorporation/Authoriz	zation to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
✓ Othe	r <u>[P</u> I	ease provide certified copy
Authorized /	Amount: \$78.75	.
Signature:	Juliana Prestia	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/01/2023	
	Juliana	_
	e #: 2157782	_
	me:FIVE	TRAN INC.
	icles of Incorporation/Authorization	
☐ Am	nendment	
☐ Cha	ange of Agent	
☐ Rei	instatement	
Cor	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
✓ Oth	ner(Please r	provide certified copy
Authorized	d Amount: \$78.75	
Signature:	: Juliana Præstia	

F: +852.2682.9790

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.

•	ie iii riointa, emer atternate corporate name ac-	opted for the purpose of transactin	ig business in Florida)
2. Delaware	3	(FF) number if ar	onlicable)
(State or country			
November 20, 20		(Dava Columnian if other	than purpatual)
(Date o	fincorporation)	(Date of duration, it office	man perpetuar)
. Upon filing		North-16 animate and attraction	
	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.1502		ity)
	·		
1221 Broadway .	Suite 2400 (Principal office	street address)	
	(timopat omes	<u></u>	
Oakland, CA 94	612 (Correct mailing)	address, if different)	
	(04	,	
	11 CELEVISION CONTROL OF CONTROL	Por NOT acceptable)	
. Name and street	address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	202
. Name and street Name:	address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	2023 N
Name:	Cogency Global Inc.	Box <u>NOT</u> acceptable)	2023 NOV
-	Cogency Global Inc. 115 N. Calhoun St., Suite 4	_	2023 NOV -1
Name:	Cogency Global Inc. 115 N. Calhoun St., Suite 4	_	2023 NOV - 1 PI
Name:	Cogency Global Inc. 115 N. Calhoun St., Suite 4	Box <u>NOT</u> acceptable) , Florida32301(Zip code)	2023 NOV - 1 PM I
Name: Office Address:	Cogency Global Inc. 115 N. Calhoun St., Suite 4 Tallahassee (City)	_	2023 NOV - 1 PM 1: 4
Name: Office Address:	Cogency Global Inc. 115 N. Calhoun St., Suite 4 Tallahassee (City)	, Florida <u>32301</u> (Zip code)	-
Name: Office Address: Registered ager Having been name designated in this	Cogency Global Inc. 115 N. Calhoun St., Suite 4 Tallahassee (City) It's acceptance: led as registered agent and to accept service application, I hereby accept the appointm	, Florida <u>32301</u> (Zip code) e of process for the above state ent as registered agent and ag	ed corporation at the present to act in this capa
Name: Office Address: Registered ager Having been name designated in this I further agree to	Cogency Global Inc. 115 N. Calhoun St., Suite 4 Tallahassee (City) It's acceptance: eed as registered agent and to accept service	, Florida <u>32301</u> (Zip code) e of process for the above state ent as registered agent and ag relative to the proper and com	ed corporation at the pree to act in this capa plete performance of the control o

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.

DocuSign Envelope ID: D022017E-D17E-4729-8749-920F305DC8DF A. DIRECTORS

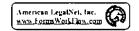
Chairman	Name: George Fraser	Chairman	Name: Taylor Brown	
Vice Chairman	Address: c/o Fivetran Inc.	Vice Chairman	Address: c/o Fivetran Inc.	
□ Director	1221 Broadway, Ste 2400	Director	1221 Broadway, Ste 2400	
President	Oakland, CA 94612	President	Oakland, CA 94612	
☐ Vice President		☐ Vice President		
Secretary	Treasurer	Secretary	☐ Treasurer	
Chief E Other Officer	Executive Other	Chief Op Other Officer		
☐ Chairman	Name: Ilya Sukhar	Chairman	Name: Martin Casado	
☐ Vice Chairman	Address: c/o Fivetran Inc.	☐ Vice Chairman	Address: c/o Fivetran Inc.	
Director	1221 Broadway. Ste 2400	Director	1221 Broadway, Ste 2400	
President	Oakland, CA 94612	President	Oakland, CA 94612	
☐ Vice President		☐ Vice President		
Secretary	Treasurer	Secretary	Treasurer	
Other	Other	Other	Other	
Chairman	Name: Kalor Lewis	Chairman	Name: Oisin O'Callaghan	
☐ Vice Chairman	Address: c/o Fivetran Inc.	Vice Chairman	Address: c/o Fivetran Inc.	
Director	1221 Broadway. Ste 2400	Director	1221 Broadway, Ste 2400	
President	Oakland. CA 94612	President	Oakland, CA 94612	
☐ Vice President	<u> </u>	☐ Vice President		
Secretary	Treasurer	Secretary	Treasurer	
Other	Other	Other Assistan	t Secretary 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. One Platenter Signature of Director or Officer 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. Oisin O'Callaghan, Assistant Secretary

DocuSign Envelope ID: D022017E-D17E-4729-8749-920F305DC8DF

A. DIRECTORS Chairman Name: Robert Muglia Name: Shan Sinha ☐ Chairman Address: c/o Fivetran Inc. ☐ Vice Chairman Vice Chairman Address: c/o Fivetran Inc. Director 1221 Broadway, Ste 2400 1221 Broadway, Ste 2400 Director President Oakland, CA 94612 President Oakland, CA 94612 ☐ Vice President ☐ Vice President ___ Treasurer Secretary Secretary Treasurer Other _____ Other ____ Other _____ Other _____ Name: Chairman Chairman Name: Julie Richardson Vice Chairman Address: Vice Chairman Address: c/o Fivetran Inc. Director Director 1221 Broadway, Ste 2400 President President Oakland, CA 94612 Vice President ☐ Vice President _____ Secretary Treasurer Secretary Treasurer Other Other Other Chairman Name. _____ Chairman Name: ☐ Vice Chairman Address: _____ Vice Chairman Address: Director Director President President ☐ Vice President ☐ Vice President ___ Secretary Treasurer Secretary Treasurer Other _____ Other_____ Other _____ Other____



Page 1



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

DELAWARE, DO HEREBY CERTIFY "FIVETRAN 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 THIRTY-FIRST DAY OF OCTOBER, 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 "FIVETRAN INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2012.

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

Authentication: 204489910

Date: 10-31-23

5245598 8300 SR# 20233860540