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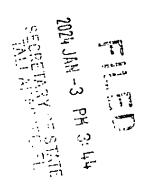
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	ECT:	CASTIRON, INC.			
0020		Name o	f corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	icate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Stan	ding" and check are sub-	
Please	return	all correspondence concernir	g this matter	to the following:	
Amand	la J Bere	en			
			Name of	Person	
			Firm/Com	pany	·
31416	Agoura	Road, Suite 118			
	-		Addre	rss	· · · · · ·
Westlal	ke Villa	ge, CA 91361			
			City/State at	nd Zip code	-
filings@	@corpne				
		E-mail address:	(to be used f	or future annual report n	otification)
For fur	ther in	formation concerning this ma	tter, please c	all:	
Amand	Amanda J Beren 888 449-2638 at ()				
_	Name	e of Person	Area Code		none Number
	Regis Divisi The C	tration Section ion of Corporations centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
	nake ch	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	OF STATE S78.75 Filing Fee & Certified 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.

CASTIRON, I	NC.			
(Enter name of	corporation; must include "INCORPORATED Corp," "Inc," "Co." or "Corp.")	," "COMPANY," "CORPORATIO	N,"	
CastironHQ, Ir	oc.			
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transaction	ng business in Florida)	
2. DE	3.			
(State or count	3. ry under the law of which it is incorporated)	(FEI number, if a	pplicable)	
4. 11/18/2020	5.			
(Dat	e of incorporation) 5.	(Date of duration, if other	than perpetual)	
6				_
	(SEE SECTIONS 607.1501 & 607.1		ity)	
7. 830 Massachuse	tts Ave, Suite 1500, Floor 4, Indianapolis, IN 4	6204	72	
	(Principal off	ice <u>street</u> address)	SECUE SECUE	
	(Current maili	ng address, if different)		61.E. (1)
			B P	177
8. Name and stre	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	が が に の の の に に に に に に に に に に に に に	15,000
Name:	Registered Agents Inc		PH 3: HA	
Office Address:	7901 4th St N STE 300		The state of the s	
	St. Petersburg	, Florida 33702		
	(City)	(Zip code)		
Having been nan designated in thi further agree to d	gent's acceptance: ned as registered agent and to accept serve s application, I hereby accept the appoints comply with the provisions of all statutes of r with and accept the obligations of my po	ment as registered agent and agrelative to the proper and comple osition as registered agent.	ee to act in this capac	city. I
	(Registered agent's s	ignature)		

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: 2D026437-E690-4547-AAF7-3A527B0E5C7C A. DIRECTORS Mark Josephson Mike Fitzgerald □ Chairman Chairman 830 Messachusetts Ave, Suite 1500, Floor 4 □Vice Chairman Address: ☐ Vice Chairman Address: Indianapolis, IN 46204 Indianapolis, IN 46204 ☐ Director Director President □ President □Vice President □ Vice President □ Secretary ☐Treasurer **■**Secretary ☐ Treasurer Other ` □Other _____ □Other _____ ☐Other _____ Blake Koriath □ Chairman Name: □ Chairman Name: 830 Massachusetts Ave, Suite 1500, Floor 4 ☐ Vice Chairman Address: □Vice Chairman Address: Indianapolis, IN 46204 Director □Director ☐ President ☐ President □Vice President ☐ Vice President Treasurer □ Secretary ☐ Secretary Treasurer □Other □Other _ Other Name: _____ Name: ____ □ Chairman Chairman □Vice Chairman Address: ☐ Vice Chairman Address: Director □ Director □ President ☐ President □Vice President _____ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary Treasurer

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals state Annual Report form.

□Other _____

☐ Other _____

Mark Josephson

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.

Mark Josephson, CEO

□ Other _____

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CASTIRON, 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-SECOND DAY OF DECEMBER, 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 "CASTIRON, INC."

WAS INCORPORATED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2020.

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

Authentication: 204894676

Date: 12-22-23