## F2400001090

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
opecial mattachoris to 1 ming officer.				



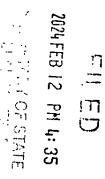


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RECEIVED

FEB 1 2 2024



T. LEMIEUX



## **COVER LETTER**

TO: Registration Section Division of Corporation	ns			
SUBJECT: Floww Private M	arkets US Inc			
	Name of corporation	n - must include suffix	_	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corporations."	Certificate of Good Star	nding" and check are submit		
Please return all corresponden	ce concerning this matte	r to the following:		
Lynne Bush				
	Name of	Person		
Floww Private Markets US Inc				
	Firm/Cor	npany		
200 CONTINENTAL DR STE 4	91			
	Addr	ress		
Newark, DE 19713				
	City/State a	and Zip code	-	
lynne.bush@floww.io				
E-n	ail address: (to be used	for future annual report noti	fication)	
For further information concer	ning this matter, please	call:		
Lynne Bush	et (*1	8138073032		
Name of Person	Area Coo	de Daytime Telephon	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
C	ORIĎA DEPARTMEN	_	■ \$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.

	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting business in Florida)
elaware	3.	
state or count	y under the law of which it is incorporated)	(FEI number, if applicable)
5-September-2023		
(Date of incorporation) 5		(Date of duration, if other than perpetual)
8-January-202	4	
) CONTINEN	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 TAL DR STE 401, Newark DE 19713	Florida, if prior to registration) 02. F.S., to determine penalty liability)
	(Principal offic	ce <u>street</u> address)
ime as above	(Timespat office	N. SACCE HAMICSON
<del></del>	(Current mailin	g address, if different)
ame and stre	et address of Florida registered agent: (P.O	Box NOT acceptable)
Name:	Corporation Service Company	• •
e Address:	1201 Hays Street.	
	Tallahassee	, Florida 32301
	(City)	Florida 32301
		( <del>)</del>
	ent's acceptance:	) QT
legistered ag		ce of process for the above stated corporation at the p
ing been nan		ent as registered agent and agree to act in this capac

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: Martijn de Wever	□ Chairman	Name: Simon Charles Jex Finch			
□Vice Chairman	Address: Flat 1, 20 Pont Street	□Vice Chairman	Address: 7a Longridge Road,			
□Director	London, SW1X 0AA	Director	London, SW5 9SB			
✓President United Kingdom		□President	United Kingdom			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	Treasurer			
□Other	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			
□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			
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. 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.						
Martijn de Wever, President						

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Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLOWW PRIVATE MARKETS US 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 THIRTIETH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOWW PRIVATE MARKETS US INC." WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 202700669

Date: 01-30-24

7656283 8300 SR# 20240293358