

F24000002272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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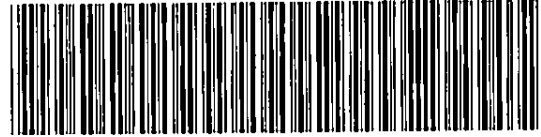
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

MS

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 04/26/2024

**PRIORITY** Routine

**OUR REF # (Order ID#)** Courtney

**ORDER ENTITY**

**MAY MOBILITY, INC.**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**MAY MOBILITY, INC.**

Please file the attached qualification filing.

**NOTES:**

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. May Mobility, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 81-4997501  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-21-2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 04-26-2024  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 650 Avis Drive, Suite 100 Ann Arbor, MI 48108  
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee, Florida 32301  
(City) (Zip code)

2024 APR 26 PM 4:22

**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.*

Courtney Lehto

Courtney Lehto, Assistant 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: Siddhartha Venkatesan  
☐ Vice Chairman Address: 650 Avis Drive, Suite 100  
☐ Director Ann Arbor, MI 48108  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Anna Brunelle  
☐ Vice Chairman Address: 650 Avis Drive, Suite 100  
☐ Director Ann Arbor, MI 48108  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Edwin Olson  
☐ Vice Chairman Address: 650 Avis Drive, Suite 100  
☒ Director Ann Arbor, MI 48108  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Katherine Winter  
☐ Vice Chairman Address: 650 Avis Drive, Suite 100  
☐ Director Ann Arbor, MI 48108  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☒ Other COO ☐ Other \_\_\_\_\_

☐ Chairman Name: Tatsuya Senda  
☐ Vice Chairman Address: 3-7-9 Minami-Tsukaguchi  
☒ Director Amagashaki City Hyogo Japan  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Ryan Green  
☐ Vice Chairman Address: 15892 CRYSTAL DOWNS E  
☒ Director NORTHVILLE, MI 48168  
☐ 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. /s/ Katherine Winter

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 §.817.155, F.S.

13. Katherine Winter

(Typed or printed name and capacity of person signing application)

#### **Additional Officers/Directors**

Name: Julia Haywood  
Title: Director  
Address: 194 CHANDLER FARM ROAD Stowe, VT 05672

Name: Ray Cheng  
Title: Director  
Address: 60 EAST 42ND STREET SUITE 2137 New York, NY 10165

Name: BENJAMIN BIRNBAUM  
Title: Director  
Address: 65 EAST 55TH STREET 35TH FLOOR NEW YORK, NY 10022

Name: YOSUKE TSURUTA  
Title: Director  
Address: 5712 LAFAYETTE LANE FRISCO, TX 75035

Name: JENNIFER KEESMAAT  
Title: Director  
Address: 102 EASTBOURNE TORONTO, ONTARIO M5P 2G3 CANADA

Name: Mathew Kubo  
Title: Director  
Address: BRONZSTONE UDAGAWA 501 5-2-3 OI%2C SHINAGAWA-KU TOKYO 140-0014 JAPAN

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAY MOBILITY, 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-SIXTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAY MOBILITY, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2017.

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



6323690 8300

SR# 20241678445

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

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

Authentication: 203342347

Date: 04-26-24