

6/14/24, 2:21 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

A2Z Sync, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

Requesting the original filing date of 6/5/24. Issue with original coversheet. Thank you.

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DocuSign Envelope ID: 76911F0D-8E6A-45BC-B071-2D62FB1471C8

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. A2Z Sync, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 82-1546467
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/24/2024 5. _____
(Date of incorporation) (Date of duration; if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5690 DTC Blvd, Suite 400E, Greenwood Village, CO 80111
(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.

C T Corporation System

By: _____

(Registered agent's signature)

Christine Katm
Assistant Secretary

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]:

DocuSign Envelope ID: 76911F0D-8E6A-45BC-B071-2D62FB1471C8

A. DIRECTORS

☐ Chairman Name: Aaron Wallace

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☐ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☒ Other CEO ☐ Other _____

☐ Chairman Name: Brian MacDonald

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☐ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☒ Other CFO ☐ Other _____

☐ Chairman Name: Aaron Mills

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☒ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Wallace

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☒ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Brian Reed

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☒ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Andrew Gordon

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☒ Director Greenwood Village, CO 80111

☐ 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. Brian MacDonald
DocuSigned by: _____
AC3D4B7BCB1E428... 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. Brian MacDonald CFO
 (Typed or printed name and capacity of person signing application)

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A. DIRECTORS (continued)

☐ Chairman Name: Param Ramakrishnan

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☒ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Natalia Giner

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☒ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jason White

☐ Vice Chairman Address: 5690 DTC Blvd, Suite 400E

☒ Director Greenwood Village, CO 80111

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A2Z SYNC, 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 FOURTH DAY OF APRIL, A.D. 2024.

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



Jeffrey W. Bullock, Secretary of State

2986030 8300

SR# 20241314613

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203185790

Date: 04-04-24