

F24000003296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

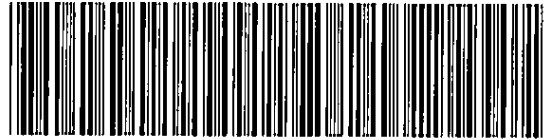
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U.S. Department of Justice

JUN 18 2024

K. Brumley

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**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** 6/18/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1265701

**ORDER ENTITY**

EMERGE9, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

EMERGE9, INC. ( FL )

File the attached foreign qualification document

**NOTES:**

\$70.00 Authorized

**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.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emerge9, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Adria Dillon  
Name of Person

Silicon Legal Strategy  
Firm/Company

201 Mission Street, Suite 800  
Address

San Francisco, CA 94105  
City/State and Zip code

adria@siliconlegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adria Dillon at ( 415 ) 424-4199  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 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.*

1. Emerge9, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/17/2022 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. 5242 Fisher Island Drive, Fisher Island, FL 33109  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

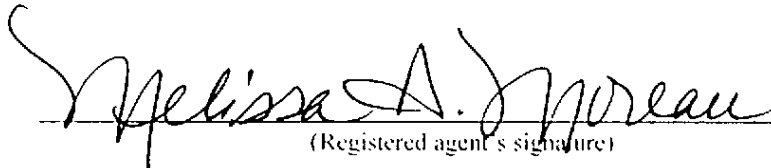
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorporating Services Ltd.

Office Address: 1540 Glenway Drive  
Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

  
(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]:

2024 JUN 18 PM 5:18

**A. DIRECTORS**☐ Chairman Name: John C. Abbott☐ Vice Chairman Address: 5242 Fisher Island Drive☒ Director Fisher Island, FL 33109☒ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary ☐ Treasurer☒ Other CEO & CFO ☐ Other \_\_\_\_\_☐ Chairman Name: Song Kim☐ Vice Chairman Address: 5242 Fisher Island Drive☒ Director Fisher Island, FL 33109☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☒ Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: Daniel Chapman☐ Vice Chairman Address: 5242 Fisher Island Drive☒ Director Fisher Island, FL 33109☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ 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. John C. Abbott

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. John C. Abbott, President and Chief Executive Officer

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

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERGE9, 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 EIGHTEENTH DAY OF JUNE, 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 "EMERGE9, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2021.

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



6275216 8300

SR# 20242908960

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: 203737015

Date: 06-18-24