(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAJE				
(Business Entity Name)				
(Document Number)				
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CORPORATIONS

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GENTED

## **CT CORP**

### (850) 656- 4724

### 3458 lakesore Drive Taliahassee, FL 32312

D	ate:	08/23/2024	4:1 DW	
		Acc#I20160000072	- Gillian	
Name:	ProofPilot,	Inc.		
Document #:		***		
Order #:	15833201			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		Country of Destination:		
		Number of Certs:		
Filing: 🕡	Certified Plain: COGS:		Email Address for Annual Report Notifications:	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	\$ 78.75		

Thank you!

### **COVER LETTER**

	egistration Section Division of Corporations		
SHRJEC	ProofPilot, Inc.		
CODULC	Name of	corporation -	must include suffix
Dear Sir o	or Madam:		
"Certifica	osed "Application by Foreign Corpute of Existence," or "Certificate of erenced foreign corporation to tra	of Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.
Please ret	urn all correspondence concernin	g this matter t	o the following:
Dawn L. I	Jall, Paralogal		
		Name of P	erson
1'routman	Pepper Hamilton Sanders LLP		
		Firm/Comp	any
400 Berwy	yn Park		
	<u> </u>	Addres	s
Berwyn, P	PA 19312		
	<del></del>	City/State an	d Zip code
dawn.hafl(	@troutman.com		
	E-mail address:	(to be used fo	r future annual report notification)
For furthe	er information concerning this ma	tter, please ca	II:
Dawn Hal	l	610 at (	640-5435
1	Name of Person	Arca Code	Daytime Telephone Number
R D T 24	TREET/COURIER ADDRESS egistration Section vivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please mak	is a check for the following amount to check payable to: FLORIDA DE Filing Fee S78.75 Filing Certificate of	PARTMENT Fee & 🗵	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

Docusign Envelope ID: 45E5451D-89D1-411F-AB1D-5763F05950AD

# 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			in Florida)
Delaware	3.	3. 47-1155344		
Oblaware  (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
06/12/2014	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
•	(Date first transacted business in	Florida, if pr	ior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to d€	etermine penalty hability)	N
169 Madison Ave		<del> </del>		
	(Principal offic	e <u>st<b>reet</b></u> addr	ress)	E CS
New York, NY I	0016			<u>\</u>
	(Current mailing	g address, if d	different)	
				32
. Name and stree	et address of Florida registered agent: (P.O.	. Box <u>NOT</u>	_acceptable)	4: 0 <b>5</b>
Name:	C T Corporation System	<u>.</u>		<b>6</b> 5
Name:				
	1200 South Pine Island Road			
Office Address:	1200 South Pine Island Road Plantation	 FL	33324	

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.

By: Yathy A Wholes And Searfury
(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.

Docusign Envelope ID: 45E5451D-89D1-411F-AB1D-5763F05950AD

The second second

A. DIRECTORS

□Chairman	Chris Venezia	□Chairman	Name:	
□ Vice Chairman	169 Madison Avenue Address:	☐ Vice Chairman Address:		
EDirector	#2208	. Director	#2208	
□ President	New York, New York 10016	☐ President	New York, New York 10016	
□ Vice President		□Vice President		
Sccretary	□ Treasurer	☐ Secretary	☐ Treasurer	
■Other	Other	□ Other	Other	
50.1	Name:	□ Chairman	Esther Dyson	
□ Chairman	169 Madison Avenue		169 Madison Avenue	
□ Vice Chairman	Address: #2208	Vice Chairman	Address:	
⊞Dircctor	New York, New York 10016	■ Director  ☐ President	New York, New York 10016	
□President		——————————————————————————————————————		
☐ Secretary	□Treasurer	Socretary	□Treasurer	
Other	Other	□ Other	Other	
	Name:	F7.01	Name:	
— □Chainnan-	169 Madison Avenue			
∐ Vice Chairman	Address:		Address:	
⊞ Director	New York, New York 10016	_ Director		
□President	196W FOIK, NEW FOIK 10010	_ □ President		
□Vice President		_ □ Vice President		
☐ Secretary	Treasurer	□ Secretary	☐ Treasurer	
[]Other	Other	□Other	□Other	
individuals may be	Use an attachment to report more than six (6). added to the index when filing your Florida D	epartment of State Annual Ro	d for reporting purposes only, Non-indexed eport form.	
		irector or Officer		
she is aware that fa s.817.155, F.S.	alse information submitted in a document to the	: Department of State constitu		
Chris Venezi	a, Chief-Executive Officer			
	(Typed or printed name and capacity	of person signing application	1)	

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PROOFPILOT, 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 AUGUST, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204224941

Date: 08-22-24

5551043 8300 SR# 20243491532