F24000004797

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: UserEvidence, Inc					
	Name of corporati	on - must	include sulfix		
Dear Sir or Madam:					
The enclosed "Application by Fore "Certificate of Existence," or "Cer above referenced foreign corporati	tificate of Good S	anding" a	nd check are subn	t Business in Florida," nitted to register the	
Please return all correspondence co	oncerning this mat	ter to the	following:		
Rick Belgarde				. <u></u>	
	Name	of Person		 -	
UserEvidence, Inc					
	Firm/C	ompany			
PO BOX 2854					
	Ad	dress			
San Francisco CA 94126					
	City/Stat	e and Zip	code		
accounting@userevidence.com E-mail	address: (to be use	d for futu	re annual report n	otification)	
For further information concerning	g this matter, pleas	e call:			
Rick Belgarde	at (415	at (415) 821-0985 Area Code Daytin			
Name of Person	Area C	ode	Daytime Teleph	one 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, F1, 32314		
_	ing amount: IIDA DEPARTME 75 Filing Fee & ificate of Status	☐ \$78.7	ATE '5 Filing Fee & fied Copy	S87.50 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.

	orporation: must include "INCORPORATED	." "COMPANY." "CORPORATIO	DN."		
"Inc" "Co" "C	orp," "Inc," "Co," or "Corp.")				
(If name unavails	nble in Florida, enter alternate corporate name	adopted for the purpose of transacti	ing business in Florida)	_	
2. Delaware	3	85-1868882		_	
	y under the law of which it is incorporated)	(FEI number, if a	ipplicable)		
4. 6/26/2020	5	Perpetual			
··	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
6.				<u></u>	
		in Florida, if prior to registration)	iii		
	(SEE SECTIONS 607.1501 & 607.1	1502, F.S., to determine penatry main	лцу		
7. 210 E Karns Ave	. Jackson WY 83001	77		_	
	•	fice street address)			
PO BOX 2854, S	San Francisco CA 94126	· Al College		-	
	(Current mail	ing address, if different)			
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	. .	· ~.	
			2024 SEP	**	
Name:	Florida Registered Agent LLC		(A)		
Office Address:	7901 4th St N STE 300				
	St. Petersburg	m: 1. 33707	; ω	,	
	(City)	, Florida <u>33702</u> (Zip code)	7410:0	:	
	, 21, 3,	V 1		† , <u></u>	
	ent's acceptance:	in the second of		. nlavo	
	ed as registered agent and to accept serve application, I hereby accept the appoint				
further agree to c	omply with the provisions of all statutes	relative to the proper and compl	lete performance of n	ny duties	
and I am familias	with and accept the obligations of my p	osition as registered agent.			

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.

(Registered agent's signature)

A. DIRECTORS

□ Chairman	Name: Evan Huck	□Chairman	Name: Rick Belgarde			
□Vice Chairman	Address: 210 E Karns Ave.	□Vice Chairman	Address: 1428 Shotwell Street			
□Director	Jackson WY 83001	□Director	San Francisco CA 94110			
President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other □	□Other	■Other CFO			
□ Chaimnan	Name:	□Chairman	Name:			
□Vice Chainnan	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 Elorida Department of State Annual Report form.						
12	Signature of Director or Officer					
The Common Alexander is the decrease conductor in the discount of the state of the						

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. Rick Belgarde

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "USEREVIDENCE, 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-FIRST DAY OF JUNE, A.D. 2024.



Authory VI. Samuch, Socretary of State

Authentication: 203770378