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024 OCT 24 AM II:

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OCT 24 2024 K. Brumble) CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 707034 8424942

AUTHORIZATION :

COST LIMIT : \$770400

ORDER DATE: October 16, 2024

ORDER TIME : 8:36 AM

ORDER NO. : 707034-005

CUSTOMER NO: 8424942

\_\_\_\_\_\_

### FOREIGN FILINGS

NAME: RADMATE AI, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

### **COVER LETTER**

	•			
SOBJECT.	Name of	corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	f Existence," or "Certificate of	Good Stand	ing" and check are sub	
Please return	Division of Corporations  BJECT: RADMATE AL, INC  Name of corporation - must include suffix  or Sir or Madam:  enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," rtificate of Existence," or "Certificate of Good Standing" and check are submitted to register the ve referenced foreign corporation to transact business in Florida.  asse return all correspondence concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip code  E-mail address: (to be used for future annual report notification)			
Division of Corporations  RADMATE AI, 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 bove referenced foreign corporation to transact business in Florida.  Please return all correspondence concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  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 32314				
	Division of Corporations  UBJECT:  RADMATE AL INC  Name of corporation - must include suffix  he 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 power referenced foreign corporation to transact business in Florida.  lease return all correspondence concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip code  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  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 32314			
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Regis Divis The C 2415	stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810		Registration S Division of Co P.O. Box 6327	ection orporations 7
	check for the following amounteek payable to: FLORIDA DEP ing Fee	ARTMENT (	OF STATE \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## 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.

Enter name of co	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION."		
	огр," "Inc." "Co," or "Corp.")			
	ible in Florida, enter alternate corporate name ac	dopted for the purpose of transacting bu	isiness in Florida)	
Delaware	y under the law of which it is incorporated)	<del></del>		
	y under the law of which it is incorporated)	(FEI number, if applic	able)	
08/16/2023	of incorporation) 5.			
(Date	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)		
252 W 30th, Apt	6B New York, NY 10001			
	(Principal office	e <u>street</u> address)		
			<u> </u>	
	(Current mailing	address, if different)	7.	
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	22	
Name:	Corporation Service Company		711	
	1201 Hays Street	<del>_</del>	တ္	
Office Address:		<del></del>	رب 	
	Tallahassee	, Florida		
	(Circl)	(7):		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

#### A. DIRECTORS Ashley Privette $\Box$ Chairman Name: □ Chairman Name: \_\_\_\_\_\_ 252 W 30th, Apt 6B □Vice Chairman Address: ☐ Vice Chairman Address: New York, NY 10001 Director □ Director □President □President □Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary Other COO □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ Adam Skrocki Name: ☐ Chairman □Chairman Name: 210 E 83rd St, Apt 1B □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_\_ New York, NY 10028 □ Director **■** Director President □President □Vice President \_\_\_\_ □ Vice President □Treasurer ☐ Secretary ☐ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □ Chairman □ Chairman Name: Name: ☐ Vice Chairman □Vice Chairman Address: \_\_\_\_\_ 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 Florida Department of State Annual Report form. 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. Ashley Privette, COO

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RADMATE AI, 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 SEVENTEENTH DAY OF OCTOBER, 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 "RADMATE AI,

INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2023.

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

Authentication: 204654636

Date: 10-17-24