| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| | | | | |
| (Address) | | | | |
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| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
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| (Bu | rsiness Entity Nam | ne) | | |
| | | | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

11/14/2024

Date:

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| Name: | STACKWAT | CH, INC. | |
| Document #: | | | |
| Order #: | 71200563 | | |
| 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: \$ | 70.00 | |

Thank you!

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.

| <u>B</u> | CT Corporation System y: Judith B. Argao, Asst. Secy. | pago | |
|---|---|--|--|
| Having been nam designated in this further agree to c | ned as registered agent and to accept se application, I hereby accept the appoin comply with the provisions of all statute with and accept the obligations of my | ntment as registered agent and a s relative to the proper and com | igree to act in this capacity. I |
| O Projectored and | (City) ent's acceptance: | (Zip code) | APPROVED AND FILED FILED AN IO: 1-7 AN IO: 1 |
| | Plantation | , Florida <u>33324</u> | |
| Office Address: | 1200 South Pine Island Road | | |
| Name: | C T Corporation System | | 100 5 4 |
| 8. Name and stree | (Current ma et address of Florida registered agent; (1 | iling address, if different) P.O. Box NOT acceptable) | 202 |
| same | | William I was | |
| 7.315 Montgomery | St, Fl 9, San Francisco, CA 94104-1858 (Principal of | office street address) | |
| | | s in Florida, if prior to registration) (1502, F.S., to determine penalty lia | bility) |
| 6. 04/27/2022 | | | |
| | of incorporation) | (Date of duration, if other than perpetual) | |
| 4. 03/20/2019 | , and an or many property | 5 Perpetual | *1 |
| 2. Delaware (State or countr | y under the law of which it is incorporated) | 3. 61-1926731 (FEI number, if | fapplicable) |
| | able in Florida, enter alternate corporate nar | | cting business in Florida) |
| | orp." "Inc," "Co," or "Corp.") | | |
| | orporation; must include "INCORPORATE | D," "COMPANY," "CORPORATI | ION," |

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

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.

| A. DIRECTORS | | | | | | |
|--|---|---|--|--|--|--|
| □Chairman | Name: MAKKAKTYMAKMAKANT Michael Matthews | □Chairman | Name: J. Eric Reed | | | |
| □Vice Chairman | Address: 1 New Orchard Rd. | □Vice Chairman | Address: 1 New Orchard Rd. | | | |
| Director | Armonk, NY 10504 | Director | Armonk, NY 10504 | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | ☐ Treasurer | □Secretary | □Treasurer | | | |
| □Other | □ Other | □Other | □Other | | | |
| □Chairman | Name: Pamela C. McMinn | □Chairman | Name: Gina Sandon | | | |
| □Vice Chairman | Address: 1 New Orchard Rd. | □Vice Chairman | Address: 11501 Burnet Rd. | | | |
| Director | Armonk, NY 10504 | □Director | Austin, TX 78758-3400 | | | |
| □President | | President | | | | |
| □Vice President | | □ Vice President | | | | |
| Secretary | □Treasurer | Secretary | □Treasurer | | | |
| □Other | Other | Other | □Other | | | |
| □Chairman | Name: Michael Barbosa | □Chairman | Name: Brien Wierzchowski | | | |
| □Vice Chairman | | □Vice Chairman | Address: 1 North Castle Dr. | | | |
| □Director | Armonk, NY 10504 | □Director | Armonk, NY 10504 | | | |
| □President | | □President | | | | |
| Vice President | | □Vice President | | | | |
| Secretary | □Treasurer | ☐ Secretary | X Treasurer | | | |
| Other | □Other | □Other | Other | | | |
| individuals may b | Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of the same of | ent of State Annual R | eport form. | | | |
| 12. Joy Horns Signature of Director or Officer | | | | | | |
| she is aware that f s.817.155, F.S. | ector signing this document (and who is listed in numberalse information submitted in a document to the Depart | er 11 above) affirms t timent of State constit | hat the facts stated herein are true and that he or utes a third degree felony as provided for in | | | |
| 13. Joy Horne, Assistant Secretary | | | | | | |
| (Typed or printed name and capacity of person signing application) | | | | | | |

ATTACHMENT TO

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

OF

STACKWATCH, INC.

11. The names and addresses of additional officers of the corporation are as follows:

Mark Hobbert, Assistant Treasurer, 1 New Orchard Road, Armonk, NY 10504

Jose Pires, Assistant Treasurer, 1 North Castle Drive, Armonk, NY 10504

Catherine Buckley, Assistant Secretary, 1 New Orchard Road, Armonk, NY 10504

Joy B. Horne, Assistant Secretary, 1 New Orchard Road, Armonk, NY 10504





Page 1

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

DELAWARE, DO HEREBY CERTIFY "STACKWATCH, 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 THIRTEENTH DAY OF NOVEMBER, 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: 204861135

Date: 11-13-24

7335450 8300 SR# 20244197853