F24000006140

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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1**2/04/24--01021--012 ****300.00 09/06/24--01022--025 ******70.00

2024 DEC -3 PM 3: 44

M. SOLOMON DEC - 4 2024

COVER LETTER

	istration Section ision of Corporations				
SUBJECT	Metabase, Inc.				
2011111		corporation	- must include suffix		
Dear Sir or	Madam:				
"Certificate		Good Stan	Authorization to Transact Business in ding" and check are submitted to regists in Florida.		
Please retur	n all correspondence concerning	this matter	to the following:		
		Sameer Al-	Sakran		
		Name of	Person	. 2	
	Metabase, Inc.				
		Firm/Com	pany	DEC "	
	9740 Campo Rd. Suite 1029				
	·	Addre	SS 23	<u> </u>	
Spring Valley, CA 91977					
	(City/State ar	nd Zip code	or ω E	
	taxops+m	netabase@kr	uzeconsulting.com	(··· +-	
	E-mail address: (to be used f	or future annual report notification)		
For further	information concerning this matt	er, please c	all:		
Mi	chael Smales	312	989-5383		
Na	me of Person	Area Code	Daytime Telephone Number		
Reg Div The 241	REET/COURIER ADDRESS: gistration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	a check for the following amour check payable to: FLORIDA DEP , iling Fee	ARTMENT Fee & □	\$78.75 Filing Fee & 🔲 \$87.50 I	ate of Status &	

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.

Metabase, Inc.					
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED.	"COMPANY," "CORPORATION.		
Metabase FL, in	c.				
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	business in Florida)	
n Delaware		3	37-1766965		
(State or country under the law of which it is incorporated			(FEI number, if app	 licable)	
10/10/2014		5.	Perpetual		
(Date of incorporation)		٠.	(Date of duration, if other than perpetual)		
01/01/2022					
			n Florida, if prior to registration) 302, F.S., to determine penalty liability	:)	
79740 Campo Rd.	Suite 1029 Spring Valley, CA 91977				
	(Principal	utti	ce <u>street</u> address)		
9740 Campo Rd.	Suite 1029 Spring Valley, CA 91977			2	
	(Current ma	illin	g address, if different)	924	
3. Name and <u>stree</u>	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	724 DEC -3	
Name:	Northwest Registered Agent LLC			8 PR	
Office Address:	7901 4th St N STE 300		<u></u>	STATE	
	St. Petersburg		. F l orida ³³⁷⁰²		
	(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.

Tyu Nam

(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: 572FEF3C-5B8A-4329-BA83-C1F37800B51A * A. DIRECTORS Sameer Al-Sakran Roberto Sanabria Chairman ☐ Chairman Name: 9740 Campo Rd. Suite 1029 Expa. LLC, 660 4th Street #193 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Spring Valley, CA 91977 San Francisco CA 94107 ☑ Director Director ☐ President President □Vice President □Vice President ☐Secretary ☐Treasurer ☐ Secretary Treasurer Other____ □Other ____ Other _____ ∐Other____ George Mathew Jonathan Golden □ Chairman Name: □ Chairman Insight Partners, 1114 Avenue 1954 Greenspring ☐Vice Chairman Address: ☐ Vice Chairman Address: __ Of the Americas, 36th Floor, New York, NY Drive Suite 600 Timonium, MD 21093 **□** Director ☑ Director 10110 ☐ President ☐ President □Vice President _____ □Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer 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 _____

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.

	Company Nat
12.	Some PLS about
	TIPO
	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 5.817.155, F.S.

Sameer Al-Sakran, CEO.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "METABASE, 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-FOURTH DAY OF SEPTEMBER, A.D. 2024.

Authentication: 204476364

Date: 09-24-24



October 16, 2024

SAMEER AL-SAKRAN 9740 CAMPO RD. SUITE 1029 SPRING VALLEY, CA 91977 US

SUBJECT: METABASE, INC. Ref. Number: W24000121708

We have received your document for METABASE, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$300.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Operations Manager A

Letter Number: 224A00022856

Check Will be mailed Seperately

RECEIVED
DEC 0 3 2024



September 6, 2024

SAMEER AL-SAKRAN 9740 CAMPO RD. SUITE 1029 SPRING VALLEY, CA 91977 US

SUBJECT: METABASE, INC. Ref. Number: W24000121708

We have received your document for METABASE, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Operations Manager A

Letter Number: 124A00019994



August 27, 2024

SAMEER AL-SAKRAN 9740 CAMPO RD. SUITE 1029 SPRING VALLEY, CA 91977 US

SUBJECT: METABASE, INC. Ref. Number: W24000121708

We have received your document for METABASE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for METABASE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 224A00019188

Andrea Andrews Regulatory Specialist II

www.sunbiz.org