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## **COVER LETTER**

SUBJE	CT: Matthews South, Inc.				
3000		ne of corporation - r	nust include suffix		
Dear Sir	or Madam:				
"Certific	ate of Existence," or "Certific	ate of Good Standir	ig" and check are subr		
Please re	eturn all correspondence conce	rning this matter to	the following:		
Anais Si	Matthews South, Inc.  Name of corporation - must include suffix  Madam:  ed "Application by Foreign Corporation for Authorization to Transact Business in Florida," e of Existence," or "Certificate of Good Standing" and check are submitted to register the enced foreign corporation to transact business in Florida.  rn all correspondence concerning this matter to the following: shanker  Name of Person  fouth, Inc.  Firm/Company  CAMINO REAL, STE 345  Address  EO. CA 94402-3049  City/State and Zip code  er@taunchfinance.com  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  shanker  at (650) Area Code  Daytime Telephone Number  REET/COURIER ADDRESS: Registration Section Vision of Corporations te Centre of Tallahassee  P.O. Box 6327				
•		Name of Pe	rson		
Matthew	Name of corporation - must include suffix  or or Madam:  closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," icate of Existence," or "Certificate of Good Standing" and check are submitted to register the eferenced foreign corporation to transact business in Florida.  return all correspondence concerning this matter to the following: iivashanker  Name of Person  We South, Inc.  Firm/Company  EL CAMINO REAL, STE 345  Address  IATEO, CA 94402-3049  City/State and Zip code  anker@launchfinance.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call: Sivushanker  at (650 ) 204-1373  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  ed is a check for the following amount:				
		Firm/Compa	ny		
1700 S E	L CAMINO REAL, STE 345				
		Address			
SAN MA	NTEO, CA 94402-3049				
		City/State and	Zip code		
asivasha					
•	E-mail addr	ess: (to be used for	future annual report n	otification)	
For furth	ner information concerning thi	s matter, please call	:		
Anais Si	vashanker	650 at (	204-1373		
	Name of Person	Area Code	Daytime Teleph	none Number	
	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		Registration So Division of Co P.O. Box 6327	Registration Section Division of Corporations P.O. Box 6327	
Please m	ake check payable to: <b>FLORID</b> A 00 Filing Fee	A DEPARTMENT Of illing Fee &	F STATE 678.75 Filing Fee & Certified Copy	□ \$87.50 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.

(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)	
Delaware 47		1657202		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
08/20/2014	_ 5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
10/1/2018				
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502		?)	
1700 S EL CAMI	NO REAL, STE 345, SAN MATEO, CA 94402-			
	(Principal office	street address)		
	(Current mailing a	nddress, if different)	024 807	
		D. NOT		
Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	7	
Name:	Cogency Global Inc.	<u> </u>		
ffice Address:	115 N Calhoun St, Suite 4		/: <b></b>	
Thee Address.	Tallahassee	Florida 32301	30	
	(City)	(Zip code)		

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 Name: Vijay Culas Kevin Castellano ☐ Chairman □ Chairman 1700 S EL CAMINO REAL 1700 S EL CAMINO REAL ☐ Vice Chairman Address: □ Vice Chairman Address: STE 345 STE 345 Director □ Director SAN MATEO, CA 94402 SAN MATEO, CA 94402 **■**President □ President □ Vice President □ Vice President Treasurer ■ Secretary □Treasurer □ Secretary ☑Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_ □Other \_\_\_\_\_ □Chairman Name: □ Chairman □Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_\_ Director Director □President □ President □ Vice President □Vice President Treasurer ☐Treasurer ☐ Secretary □ Secretary □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_ Name: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: Director □ Director □President ☐ President ☐ Vice President □ Vice President □Treasurer □ Secretary Treasurer □ Secretary □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. 12. <u>Kevin Castellano</u> 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

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.

Kevin Castellano CFO/Treasurer



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

DELAWARE, DO HEREBY CERTIFY "MATTHEWS SOUTH, 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 SEPTEMBER, 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 "MATTHEWS SOUTH, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF AUGUST, A.D. 2014.

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



Authentication: 204391356

Date: 09-13-24