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COVER LETTER

Division of Corporations			
SUBJECT: Moonstone Software, In	nc.		
		- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence,	ficate of Good Stan	ding" and check are subr	
Please return all correspondence con	cerning this matter	to the following:	
Matthew Basile			
	Name of	Person	
Moonstone Software, Inc.			
	Firm/Com	ipany	
802 E. Whiting Street			
	Addre	ess	
Tampa, FL 33602	_		
	City/State a	nd Zip code	
matthew.basile@moonstonesoftware.ai		<u> </u>	
E-mail ad	dress: (to be used f	or future annual report no	otification)
For further information concerning t	his matter, please e	all:	
Matthew Basile	at (516) 480-6872	
Name of Person	Arca Cod	e Daytime Teleph	none Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
_	A DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

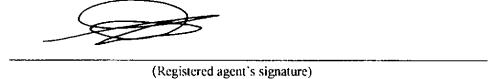
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Moonstone Soft	.ware, inc.		
	orporation; must include "INCORP orp." "Inc." "Co," or "Corp.")	ORATED," "C	OMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corpo	orate name adop	ted for the purpose of transacting business in Florida)
Delaware		3.	
(State or countr	y under the law of which it is incorp	orated)	(FEI number, if applicable)
October 23, 202	3	5	
	of incorporation)	,	(Date of duration, if other than perpetual)
·	(Date first transacted	business in Flo	rida, if prior to registration)
i	(Date first transacted		rida, if prior to registration) F.S., to determine penalty liability)
	(Date first transacted (SEE SECTIONS 607,150		
	(Date first transacted (SEE SECTIONS 607.150 treet, Tampa, Florida 33602		F.S., to determine penalty liability)
	(Date first transacted (SEE SECTIONS 607.150 treet, Tampa, Florida 33602	01 & 607.1502,	F.S., to determine penalty liability)
	(Date first transacted (SEE SECTIONS 607,150 treet, Tampa, Florida 33602 (Pr	11 & 607.1502, incipal office <u>st</u>	F.S., to determine penalty liability) reet address)
	(Date first transacted (SEE SECTIONS 607,150 treet, Tampa, Florida 33602 (Pr	11 & 607.1502, incipal office <u>st</u>	F.S., to determine penalty liability) reet address)
802 E. Whiting S	(Date first transacted (SEE SECTIONS 607.150 treet, Tampa, Florida 33602 (Pr	incipal office st	F.S., to determine penalty liability) reet address)
802 E. Whiting S	(Date first transacted (SEE SECTIONS 607,150 treet, Tampa, Florida 33602 (Pr (Cur	incipal office st	reet address) dress, if different) ox NOT acceptable)
802 E. Whiting S	(Date first transacted (SEE SECTIONS 607.150 treet, Tampa, Florida 33602 (Pr	incipal office st	reet address) dress, if different) ox NOT acceptable)
. Name and street	(Date first transacted (SEE SECTIONS 607.150 treet, Tampa, Florida 33602 (Pr (Cur et address of Florida registered as	incipal office st	reet address) dress, if different) ox NOT acceptable)
802 E. Whiting S . Name and street Name:	(Date first transacted (SEE SECTIONS 607,150 treet, Tampa, Florida 33602 (Pr (Cur	incipal office st	reet address) dress, if different) ox NOT acceptable)
802 E. Whiting S	(Date first transacted (SEE SECTIONS 607.150 treet, Tampa, Florida 33602 (Pr (Cur et address of Florida registered as	incipal office statement mailing ad	F.S., to determine penalty liability) reet address)

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.



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 Name: Matthew Basile Name: Stephen Basile □ Chairman □ Chairman Address: 3183 Bellwind Circle Address: 1302 Merry Water Dr. ☐ Vice Chairman ☐ Vice Chairman Lutz, FL 33548 Viera, FL 32940 ☐ Director □Director President □President ■Vice President □ Vice President _____ ☐ Treasurer ☐ Secretary □ Secretary Treasurer □Other _____ □Other _____ Other _____ □Other _____ Name: Sharad Gurung □ Chairman □ Chairman Name: Address: 3183 Bellwind Circle □Vice Chairman □Vice Chairman Address: Viera, FL 32910 □ Director □ Director □President □President ■Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary □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. Signature of Director or Officer she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

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 s.817.155, F.S.

13. Matthew Basile, President and CEO



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

DELAWARE, DO HEREBY CERTIFY "MOONSTONE SOFTWARE, 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 THIRD 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 "MOONSTONE SOFTWARE, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2023.

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

A STATE OF THE STA

Authentication: 204297236

Date: 09-03-24