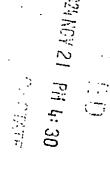
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T. LEMIEUX'
DEC 19 2024

# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: DISKOVER DATA INC.			
150151		fcorporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	nclosed "Application by Foreign Corficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stan	ding" and check are submitted t	
Please	return all correspondence concernin	g this matter	to the following:	
ANGE	LINETAN			
-		Name of	Person	
SAGE	NT MANAGEMENT			
	·	Firm/Com	pany	
691 S.	MILPITAS BLVD, STE 212			
•		Addro	ess	
MILPI	TAS, CA 95035			
		City/State a	nd Zip code	
SAGE	NTOPERATIONS@SAGENTMANAG	EMENT.CON	1	
	E-mail address:	(to be used f	or future annual report notifica	tion)
For fu	rther information concerning this ma	itter, please c	all:	
ANGELINE TAN at () 263-1040			263-1040	
	Name of Person	Area Code		umber
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions
Please	sed is a check for the following amore make check payable to: FLORIDA DE 0.00 Filing Fee	PARTMENT Fcc &	I \$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.

(If name unavaila	ble in Florida, enter alternate corporate nam			ousiness in Florida)	
2. DELAWARE		3. 86-2168027			
(State or country	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
02/18/2021 4.	5	5. PERPETUAL			
	of incorporation)	_	(Date of duration, if other than perpetual)		
07/01/2024					
77			Florida, if prior to registration) 12, F.S., to determine penalty liability)	·	
	(Principal o	ffic	e <u>street</u> address)		
	(Current mail	ling	address, if different)	202	
8. Name and <u>stree</u>	<u>et address</u> of Florida registered agent: (P	o.O.	Box NOT acceptable)	2824 HOY 21	
Name:	INCORPORATING SERVICES, LTD.				
Office Address:	1540 GLENWAY DRIVE	•		PH 4: 31	
Office Madress.				·	
Office Address.	TALLAHASSEE		, Florida <u>32301</u>	3	

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.

Annua Ca Enchambautt
(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.

## locusign Envelope ID: 88E2CA8D-EE03-4001-82FB-5C8885A94AFD

### A. DIRECTORS CHRIS PARK PAUL HONRUD □ Chairman □ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: 18124 WEDGE PKWY STE 957 18124 WEDGE PKWY STE 957 **同Director** Director RENO, NV 89511 RENO, NV 89511 □President □ President □ Vice President []Vice President ☐ Treasurer ☐Treasurer []Secretary □ Secretary □Other \_\_\_\_\_ □Other\_\_\_\_\_ □ Other \_\_\_\_\_ ClOther\_\_\_\_\_ Name: \_\_\_\_\_DAVE SAMPSON Name: WILL HALL □Chairman ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ 18124 WEDGE PKWY STE 957 18124 WEDGE PKWY STE 957 Director Director RENO, NV 89511 RENO, NV 89511 ☐ President □ President □Vice President ☐ Vice President ☐ Treasurer ☐ Secretary ☐Treasurer ☐ Secretary CEO □Other \_\_\_\_\_ □Other \_\_\_\_\_ [JOther \_\_\_\_ MARC MCLNTYRE Name: \_\_\_\_\_ Name: □ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_ ☐ Vice Chairman Address: 18124 WEDGE PKWY STE 957 Director []Director RENO, NV 89511 □President □ President □Vice President \_\_ □Vice President \_\_\_\_\_ ☐ Treasurer ☐Treasurer ☐ Secretary ☐ 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. 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. 13. WILL HALL (CEO)

(Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DISKOVER DATA 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 SEVENTH DAY OF NOVEMBER, A.D. 2024.

Authentication: 204824541

Date: 11-07-24