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S. ROBERTS
MAY 1 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 670358 4301225
AUTHORIZATION: Sprelle man
COST LIMIT : \$ 125.00
ORDER DATE: May 11, 2022
ORDER TIME : 2:57 PM
ORDER NO. : 670358-005
CUSTOMER NO: 4301225
FOREIGN FILINGS
NAME: K2 INTELLIGENCE, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Lial	bility Company," "L.L.C," o	r "LLC
Delaware		27-3778991 3.		
(Jurisdiction under the law of which foreign limited liability company is organized		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penalty liability)		
845 Third Avenue		845 Third Avenue		
eet Address of Principal Office)		6. (Mailing Address)		_
New York, NY 10022	2	New York, NY 10022		
			282	
Name and street addres	SS of Florida registered agent: (P.O. Box.) Corporation Service Company	NOT acceptable)	2622 KAY 1 1 P	# t
		NOT acceptable)	KAY III AM III	
Name:	Corporation Service Company	NOT acceptable) 32301	KAY II	

(Registered agent's signature)

By:

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: _____Kroll Name: Andrew Rabinowitz □Manager □Manager 845 Third Avenue 845 Third Avenue ☐Member □ Member New York, NY 10022 New York, NY 10022 **Authorized ■** Authorized Person Person Other □Other □Other______ □Other Name: Renee Lercher Name: _____ □Manager □Manager Address: ___ Address: ___ ☐Member □Member New York, NY 10022 New York, NY 10022 ■Authorized Authorized Person Person □Other____ Other Other Other □Manager Name: ____ □Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other □Other Other _ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any 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. Rense M. Lercher Signature of an authorized person Renee M. Lercher

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "K2 INTELLIGENCE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE ELEVENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K2 INTELLIGENCE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2010.

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

Authentication: 203403899

Date: 05-11-22