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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

annual report mailings. Enter only one email address please.**

Email Address: dgollob@lat.ai

Foreign Limited Liability Company Latitude AI LLC

Certificate of Status	()
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(It name anavailable, enter alternate	name shopted for the purpose of transacting basiness in Fl	ands 15.	alternate came most metage "Limited Liability	Company, Thu, L	C' ac'l, LC
Delaware		3.	92-1130676		
During ction under the law of w	law of which fereign limited hability company is organized)		(FFI marker, it applicable)		
02/02/2023					
••	(Onto that translated bits resembly that described of prior to refer sections 605 (004 & 605) 1905, U.S. to determine	egistratio ne penulty	r t Rability	-	
2545 Railroad Street, (6	2545 Railroad Street, Sinte 400		
Street Address of Principal Office)			(Mailing Address)		
Pittsburgh, PA 15222			Pittsburgh, PA 15222		
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)	•	20221
					* :
Name:	C T Corporation System	_			1
Office Address:	1200 South Pine Island Road				f''' 12: 24
	Plantation		33324 Florida		24
	(City)		(Zip code)	-	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By:	CT Corporation System Seame Relow	
	(Registered agenc's signature)	

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):

Tile or Capacity:	Name and Address:	Title or Canacity;	Name and Address:
@Manager	Name: Sammy Omari	@Manager	Name. David Golloh
□Member	Address: 2545 Railrond Street, Suite 400	□Member	Address: 2545 Raifroad Street, Sune 400
□ Authorized	Pittsburgh, PA 15222	☐ Authorized	Pittsburgh, PA 15222
Person		Person	
[]Other	(DOtha	[Other	
@Manager	Name: Peter Carr	© Manager	Name:
☐Member	Address: 2545 Railroad Street, Suite 400	⊞Member	Address: 2545 Railroad Street, Suite 400
[]Authorized	Pittsburgh, PA 15222	□ Authorized	Pittsburgh, PA 15222
Person		Person	
□Other	□Other	Other	Other
∃Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	· · · · · · · · · · · · · · · · · · ·	Authorized	
Person		Person	
□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.

- 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 outh 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 faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

David Gollob

Typed or printed name of signer

To



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LATITUDE AI 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2023.

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

at corp.delaware.gov/auth

Authentication: 202802470

Date: 02-28-23