

10/3/23, 9:43 AM

Division of Corporations

Florida Department of State
Division of Corporations
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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

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: ignacio.acosta@cint.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Cint USA, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

1. Cint USA, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 27-2118992

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/27/2021 5. Perpetual

(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 365 Canal Street, Suite 3100, New Orleans, LA 70130

(Principal office street address)

same _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation _____, Florida 33324
(City) (Zip code)

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.

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY

(Registered agent's signature)

2023 OCT - 3 10

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

Chairman Name: Mike Misej
 Vice Chairman Address: 365 Canal Street
 Director Suite 3100
 President New Orleans, LA 70130
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Oliver Lefranc
 Vice Chairman Address: 365 Canal Street
 Director Suite 3100
 President New Orleans, LA 70130
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Felicia Winberg
 Vice Chairman Address: 365 Canal Street
 Director Suite 3100
 President New Orleans, LA 70130
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Giles Palmer
 Vice Chairman Address: 365 Canal Street
 Director Suite 3100
 President New Orleans, LA 70130
 Vice President _____
 Secretary _____ Treasurer _____
 Other CEO _____ Other _____

Chairman Name: Jake Wolff
 Vice Chairman Address: 365 Canal Street
 Director Suite 3100
 President New Orleans, LA 70130
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Mattias Jneirbo
 Vice Chairman Address: 365 Canal Street
 Director Suite 3100
 President New Orleans, LA 70130
 Vice President _____
 Secretary _____ Treasurer _____
 Other External Secretary _____ 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. _____

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.

Mike Misej

CTSO

13. _____

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CINT USA, 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 SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



6496708 8300

SR# 20233440018

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock, followed by a horizontal line and the text "Jeffrey W. Bullock, Secretary of State".

Authentication: 204115033

Date: 09 07 23