

P21000056117

(Requestor's Name)

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(City/State/Zip/Phone #)

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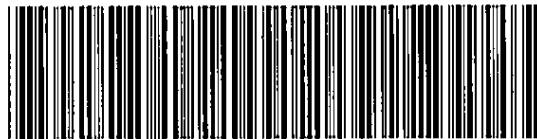
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

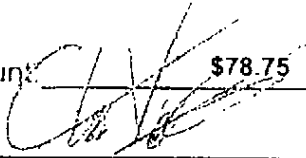
Date: 06/14/2021

Name: Chris Vick

Reference #: 1398099

Entity Name: FLORIDA MERGERSUB, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFIED COPY UPON FILING

Authorized Amount:  \$78.75

Signature: \_\_\_\_\_

# COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Florida Mergersub, Inc.  
\_\_\_\_\_  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Larissa Baker - Freshfields Bruckhaus Deringer US LLP  
\_\_\_\_\_  
Name (Printed or typed)

601 Lexington Ave.  
\_\_\_\_\_  
Address

New York, NY 10022  
\_\_\_\_\_  
City, State & Zip

212-284-4980  
\_\_\_\_\_  
Daytime Telephone number

larissa.baker@freshfields.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Florida Mergersub, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
600 Brickell Ave. Unit 3200 \_\_\_\_\_  
Miami, FL 33131 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_ to transact or engage in any business permitted under the laws of the United States and the State of Florida.

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**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Laurent Uberti, Director & CEO	Name and Title:	Oliver Camino, Director & COO
Address	600 Brickell Ave. Unit 3200 Miami, FL 33131	Address:	600 Brickell Ave. Unit 3200 Miami, FL 33131

Name and Title:	Elisabeth Destailleur, Director & CFO	Name and Title:	David Slaviero, Director & CTO
Address	600 Brickell Ave. Unit 3200 Miami, FL 33131	Address:	600 Brickell Ave. Unit 3200 Miami, FL 33131

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: COGENCY GLOBAL INC.

Address: 115 North Calhoun Street, Suite 4

Tallahassee, FL 32301 (Leon County)

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Larissa Baker

Address: 601 Lexington Avenue, 31st Floor

New York, New York 10022

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Jonathan Beenick* Assistant Secretary

06/14/2021

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

06/14/2021

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date