2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003496

Entity Name: STRIPE FLORIDA, INC.

Current Principal Place of Business:

354 OYSTER POINT BLVD.

SOUTH SAN FRANCISCO. CA 94080

Current Mailing Address:

354 OYSTER POINT BLVD.

SOUTH SAN FRANCISCO. CA 94080 US

FEI Number: 27-0465600 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date Electronic Signature of Registered Agent

FILED Apr 08, 2024

Secretary of State

5514532455CC

Date

Officer/Director Detail :

Title DIRECTOR Title CFO

KELLY, KEVIN Name Name TOMLINSON, STEFFAN 354 OYSTER POINT BLVD. 354 OYSTER POINT BLVD. Address Address

City-State-Zip: SOUTH SAN FRANCISCO CA 94080 SOUTH SAN FRANCISCO CA 94080 City-State-Zip:

CPO Title Title CAO

Name MCINTOSH, ROB FARRINGTON, SCOTT Name

Address 354 OYSTER POINT BLVD. Address 354 OYSTER POINT BLVD.

SOUTH SAN FRANCISCO CA 94080 City-State-Zip: City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title **SECRETARY** Title ASSISTANT SECRETARY Name

SMITH, JUSTIN Name GUO. WENDY

Address 354 OYSTER POINT BLVD. 354 OYSTER POINT BLVD. Address

City-State-Zip: SOUTH SAN FRANCISCO CA 94080 SOUTH SAN FRANCISCO CA 94080 City-State-Zip:

Title DIRECTOR Title **GENERAL COUNSEL**

Name LIXANDRU, LUCIANA WALSH, PATRICIA Name

354 OYSTER POINT BLVD. Address 354 OYSTER POINT BLVD. Address

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/08/2024 SIGNATURE: ELISSA PORT ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued:

 Title
 CEO
 Title
 PRESIDENT

 Name
 COLLISON, PATRICK
 Name
 COLLISON, JOHN

Address 354 OYSTER POINT BLVD. Address 354 OYSTER POINT BLVD.

City-State-Zip: SOUTH SAN FRANCISCO CA 94080 City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR Title DIRECTOR

Name COLLISON, PATRICK Name COLLISON, JOHN

Address 354 OYSTER POINT BLVD. Address 354 OYSTER POINT BLVD.

City-State-Zip: SOUTH SAN FRANCISCO CA 94080 City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR Title DIRECTOR

Name CHADWICK, JONATHAN Name GREENE, DIANE

Address 354 OYSTER POINT BLVD. Address 354 OYSTER POINT BLVD.

City-State-Zip: SOUTH SAN FRANCISCO CA 94080 City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR Title DIRECTOR

Name DAVIES, CHRISTA Name CARNEY, MARK

Address 354 OYSTER POINT BLVD. Address 354 OYSTER POINT BLVD.

City-State-Zip: SOUTH SAN FRANCISCO CA 94080 City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR Title ASSISTANT SECRETARY

Name HUANG, MATT Name PORT, ELISSA

Address 354 OYSTER POINT BLVD. Address 354 OYSTER POINT BLVD.

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