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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 : (614)280-3338
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: business.operations@persefoni.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
PERSEFONI AI INC**

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

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2024 JUN 24 AM 11:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUN 24 AM 1:55

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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. PERSEFONI AI INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 84-4382783
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/09/2020 5. _____
(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. 2415 W Broadway Rd #41022, Mesa, AZ 85274-3042
(Principal office street address)

(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 FL 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.

SEAN L. EMERICK, ASSISTANT SECRETARY

By: Sean L. Emerick

(Registered agent's signature)

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: Peter Bartolino☐ Vice Chairman Address: 2415 W Broadway Rd #41022, Mesa, AZ 85274-3042☒ Director _____☐ President _____☐ Vice President _____☒ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____☐ Chairman Name: Jason Offerman☐ Vice Chairman Address: 2415 W Broadway Rd #41022, Mesa, AZ 85274-3042☒ Director _____☒ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____☐ Chairman Name: Kentaro Kawamori☐ Vice Chairman Address: 2415 W Broadway Rd #41022, Mesa, AZ 85274-3042☒ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☒ Other CEO☐ Other _____☐ Chairman Name: Joseph Cavanaugh☐ Vice Chairman Address: 2415 W Broadway Rd #41022, Mesa, AZ 85274-3042☐ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☒ Other CFO☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ Other _____☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary _____☐ Treasurer _____☐ 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.

12.

Jason Offerman

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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.

13.

Jason OffermanPresident, COO

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

PERSEFONI AI INC

Management Structure

ADDRESS: 2415 W Broadway Rd #41022, Mesa, AZ 85274-3042

Management Name	Role	Title
Bartolino, Peter	Director	Director
Bartolino, Peter	Officer	General Counsel
Bartolino, Peter	Officer	Secretary
Cavanaugh, Joseph	Officer	Chief Financial Officer
Kawamori, Kentaro	Director	Director
Kawamori, Kentaro	Officer	CEO
Offerman, Jason	Director	Director
Offerman, Jason	Officer	Chief Operating Officer
Offerman, Jason	Officer	Only for DE - Chief Operations Officer
Offerman, Jason	Officer	President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERSEFONI AI 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 TWENTIETH DAY OF MAY, A.D. 2024.

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.



A handwritten signature in black ink, reading "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

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SR# 20242292400

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

Authentication: 203517694

Date: 05-20-24