RI SOS Filing Number: 202194715900 Date: 3/18/2021 1:05:00 PM



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

R.I. DEPT OFF
R.I. DEPT. OF STATE RUS SYCS DIV
2021 MAR 18 P 1: 05

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

or that purpose submits the following statement.			
SpotHero, Inc.			
2. It is incorporated under the laws of: Delaware			
3. The name, if different, which it elects to use in Rho	ode Island is:		
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereof above corporate endings for use in Rhode Island:	incorporation does not contain the f, then list the name of the corpo	ne word "corporation", "company", ration with the addition of one of the	
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhod filed with this application:	land, then set forth below the fic de Island as stated in the "Fictitic	titious name under which the ous Business Name Statement" to be	
4. The date of its incorporation is: 05/24/2012			
And the period of its duration is: CHECK ONE BOX	ONLY		
X Perpetual (on-going)			
Date certain for dissolution			
5. The address of its principal office is.	- <u>-</u> -		
125 S. Clark Street Suite 1300 Chicago, IL 60603			
6. The name and address of the initial registered age	ent/office in Rhode Island		
Agent Name C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip Code ₀₂₉₁₄	

MAIL TO:

Division of Business Services
148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED STAILS MAR 18 2021 BY CA H7X/N 1:05

7. The purpose or purpo Parking Reservation	oses which it proposes to purs n Services	ue in the transaction of bu	siness in Rhode Island are:	
8. (a) The names and restate or country of which	· · · · ·	ctors (optional, unless dire	ctors are required under the laws of the	
NAME		ADDRESS		
See Attached				
		(Check the box to indicate an attachment	
	espective addresses of its prin of which it is incorporated).	cipal officers (mandatory i	f directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	See attached			
VICE PRESIDENT				
TREASURER				
SECRETARY				
	, 	· <u>*</u>	Check the box to indicate an attachment	
9. The aggregate numb par value, and series, i		ority to issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
See attached				
10. An estimate, as a p	percentage, of the proportion t	hat the estimated value of	the property of the corporation to be	
the following year, whe	e during the following year bea erever located. (Note: Percenta	irs to the value of all properties to the value of all propert	rty of the corporation to be owned during eet.)	
<u>0</u> %	6			
at or from places of bu	percentage, of the proportion siness in Rhode Island during oration during the following year	the following year compar	siness to be transacted by the corporation ed to the gross amount thereof which will be sined from worksheet)	
0 9	6			

12. This application must be accompanied by a <u>Certificate of Goo</u> fformation dated within 60 days of the date of this filing.	d Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	n the date of filing)
Under penalty of perjury, I declare and affirm that I have examined accompanying attachments, and that all statements contained he	· ·
Type or Print Name of Authorized Officer	Date
Kevin Sherlock, Assistant Secretary	2/26/2021
Signature of Authorized Officer of the Corporation	

SpotHero, Inc. - Attachment to Qualification Form

Items 8(a) and 8(b) - Directors and Principal Officers:

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
Director	Mark Lawrence	125 S. Clark St., Suite 1300	Chicago	II.	60603
Director	Michael Gamson	125 S. Clark St., Suite 1300	Chicago	IL	60603
Director	Stu Phillips	125 S. Clark St., Suite 1300	Chicago	ÎL.	60603
Director	Donald Stalter	125 S. Clark St., Suite 1300	Chicago	IL .—	60603
Director	Sam Yagan	125 S. Clark St., Suite 1300	Chicago	IL	60603
Director	Amanda Lannert	125 S. Clark St., Suite 1300	Chicago	IL	60603
Director	Lucas Joynt	125 S. Clark St., Suite 1300	Chicago	11.	60603
Chief Executive Officer	Mark Lawrence	125 S. Clark St., Suite 1300	Chicago	11.	60603
President	Mark Lawrence	125 S. Clark St., Suite 1300	Chicago	īL	60603
Secretary	Lawrence Kiss	125 S. Clark St., Suite 1300	Chicago	1L	60603
Chief Technology Officer	Lawrence Kiss	125 S. Clark St., Suite 1300	Chicago	II.	60603
Assistant Secretary	Kevin Sherlock	125 S. Clark St., Suite 1300	Chicago	II.	60603

Item 9:

Class	Series	Par Value
Common	N/A	.0001
Preferred	Series Seed	.0001
Preferred	Series A	.0001
Preferred	Series B	.0001
Preferred	Series C-1	.0001
Preferred	Series C-2	.0001
Preferred	Series C-3	.0001
Preferred	Scries C-4	.0001
Preferred	Series D-1	.0001
Preferred	Scries D-2	.0001
	Preferred Preferred Preferred Preferred Preferred Preferred Preferred Preferred	Common N/A Preferred Series Seed Preferred Series B Preferred Series C-1 Preferred Series C-2 Preferred Series C-3 Preferred Series C-4 Preferred Series D-1

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPOTHERO, 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 THIRD DAY OF MARCH, A.D. 2021.

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.

Authentication: 202639947

Date: 03-03-21

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 18, 2021 01:05 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

