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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
, , , , ,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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K. SALY JUL 1 0 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 290855 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE : July 9, 2018 ORDER TIME : 2:04 PM ORDER NO. : 290855-005 CUSTOMER NO: 5154219 FOREIGN FILINGS NAME: BOLT MOBILITY CORPORATION XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:	Registration Section Division of Corporations					
CHDI	Bolt Mobili	ty Corporation				
SUDJ	ECT:	Name of co	rporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence.		Good Stand	ing" and check are sub	ct Business in Florida." omitted to register the	
	return all correspo Kennedy	ndence concerning t	his matter t	o the following:		
			Name of Po	erson		
Perkin	s Coie LLP					
		1	Firm/Comp	any		
3150 F	Porter Drive					
			Addres	 S		
Palo A	dto, California 94304					
		Ci	tv/State and	l Zip code		
mkeni	iedy@perkinscoie.coi					
		E-mail address: (to	be used fo	r future annual report i	notification)	
For fu	rther information co	oncerning this matter	r, please ca	II:		
Marty Kennedy			650	838-4434		
Name of Person			Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo:	sed is a check for th	e following amount:				
s 7	0.00 Filing Fee	☐ \$78.75 Filing Fe Certificate of St		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

Bolt Mobility C			
(Enter name of c "Inc" "Co" "C	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION	1 ,"
Delaware	able in Florida, enter alternate corporate name a		
May 1 2019	y under the law of which it is incorporated) 5.		
	5. of incorporation)	(Date of duration, if other	than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liabil	ity)
7	enue, Unit #1000C, Bal Harbour, Florida 33154 (Principa	al office address)	
	(Current mailing	g address, if different)	8
	et address of Florida registered agent: (P.O Corporation Service Company	. Box <u>NOT</u> acceptable)	FILED
Name: Office Address:	1201 Hays Street		2 9
		, Florida	59
	(City)	(Zip code)	
Having been nan designated in this further agree to d	ent's acceptance: ned as registered agent and to accept servic s application, I hereby accept the appointn comply with the provisions of all statutes re familiar with and accept the obligations of	nent as registered agent and ag- elative to the proper and compl	ree to act in this capacity. I ete performance of my
	Corporation Service Company By: (Registered a	gent's signature)	Roxanne Turner Asst. Vice President

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. Names and business addresses of officers and/or directors:	FILE
A. DIRECTORS	18 FILED MARKED MARKET MARK
Chairman:	A4 8 5
Address:	1677
Vice Chairman:	•
Address:	
Shervin Pishevar Director:	
9703 Collins Avenue, Unit #1000C, Bal Harbour, Florida 33154 Address:	
Director:	
Address:	
B. OFFICERS Shervin Pishevar President:	
9703 Collins Avenue, Unit #1000C, Bal Harbour, Florida 33154 Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affir are true and that he or she is aware that false information submitted in a document to the I a third degree felony as provided for in s.817.155, F.S.	
13. Shervin Pishevar, Chief Executive Officer (Typed or printed name and capacity of person signing applicatio	n)
(1) ped of printed name and eaglierly of person arguing application	•••



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

DELAWARE, DO HEREBY CERTIFY "BOLT MOBILITY CORPORATION" IS DULY

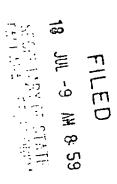
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOLT MOBILITY CORPORATION" WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2018.

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





Authentication: 203027307

Date: 07-09-18

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