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

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: ___________________________
COVER LETTER

TO: Registration Section
     Division of Corporations
     Bolt Mobility Corporation

SUBJECT: ____________________________
          Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed “Application by Foreign Corporation for Authorization to Transact Business in Florida,”
“Certificate of Existence,” or “Certificate of Good Standing” and check are submitted to register the
above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Marty Kennedy
Name of Person
Perkins Coie LLP
Firm/Company
3150 Porter Drive
Address
Palo Alto, California 94304
City/State and Zip code
mkenney@perkinssun.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:
Marty Kennedy 650 838-4434
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:
☐ $70.00 Filing Fee
☐ $78.75 Filing Fee & Certificate of Status
☐ $78.75 Filing Fee & Certified Copy
☐ $87.50 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.

1. Bolt Mobility Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc." "Co." or "Corp.")

2. Delaware

(State or country under the law of which it is incorporated)

3. ____________________________

(FEI number, if applicable)

4. May 1, 2018

(Date of incorporation)

5. ____________________________

(Date of duration, if other than perpetual)

6. ____________________________

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

9703 Collins Avenue, Unit #1000C, Bal Harbour, Florida 33154

7. ____________________________

(Principal office address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: Roxanne Turner

Asst. Vice President

(Roxanne Turner’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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: __________________________
Address: __________________________

Vice Chairman: ______________________
Address: __________________________

Director: __________________________
Address: __________________________

Director: __________________________
Address: __________________________

Director: __________________________
Address: __________________________

Director: __________________________
Address: __________________________

Shervin Pishevar
9703 Collins Avenue, Unit #1000C, Bal Harbour, Florida 33154
Address: __________________________

B. OFFICERS

President: __________________________
Address: __________________________

Vice President: _____________________
Address: __________________________

Secretary: __________________________
Address: __________________________

Treasurer: __________________________
Address: __________________________

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. ____________________________
   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.

Shervin Pishevar, Chief Executive Officer

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

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.