Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000200121 3)))



To:			3
, ,	Division of Corporations		-
	Fax Number : (850)617-6383		÷.,
From:			() ()
	Account Name : CAPITOL SERVICES, Account Number : I20160000017	INC.	
	Phone : (855)498-5500		- \frac{1}{2}
	Fax Number : (800)432-3622		τ
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F	FORECASTABLE, II		rion 7
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S. ROBERTS JUN 0 8 2022

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H22000200121

COVER LETTER

TO: Registration Section						
Division of Corporations						
SUBJECT: Forecastable, Inc. 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	owing:
					Name of Person	
					Capitol Services - Corporate Filings Team	
Firm/Company						
515 East Park Avenue 2nd Fl						
Address						
Tallahassee, FL 32301						
City/State and Zip code	e					
ajb@forecastable.com						
E-mail address: (to be used for future a	nnual report notification)					
For further information concerning this matter, please call:						
Alexander Buckles at (407) 741-3	3005					
Name of Person Area Code D	aytime Telephone Number					
STREET/COOKIEK/ADDICESS.	MAILING ADDRESS:					
Teopisianon outros	Registration Section					
Division of Corporations	Division of Corporations P.O. Box 6327					
The Centre of Tarianassec						
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314					
Enclosed is a check for the following amount:						
Please make check payable to: FLORIDA DEPARTMENT OF STATE						
\$70.00 Filing Fee \$78.75 Filing Fee \$\$78.75 F Certificate of Status Certified	filing Fee & \$87.50 Filing Fee,					

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H22000200121

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATI "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact Delaware (State or country under the law of which it is incorporated) (FEI number, if	cting business in Florida) f applicable)
2. Delaware 3. (State or country under the law of which it is incorporated) (FEI number, if	fapplicable)
2. Delaware 3. (State or country under the law of which it is incorporated) (FEI number, if	fapplicable)
(State or country under the law of which it is incorporated) (FEI number, if	
	ner than perpetual)
5. (Date of incorporation) 5. (Date of duration, if oth	ner than perpetual)
(Date of incorporation) (Date of duration, if oth	
6.	<u> </u>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty lia	ıbility)
7. 4300 W. Lake Mary Blvd., Ste. 1010-164, Lake Mary, FL 32746	
(Principal office street address)	022 TA
(Current mailing address, if different)	
	8
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Capitol Corporate Services, Inc.	<u>.</u> œ
Office Address: 515 East Park Avenue 2nd Fl	<u>, 2</u>
Tallahassee , Florida 32301 (Zip code)	
(City) (Zip code)	•
 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above states. 	ated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statutes relative to the proper and com	agree to act in this capacity. T
and I am familiar with and accept the obligations of my position as registered agent.	
Taylor Seay, as Assistant Se	ecretary on behalf
of Capitol Corporate Serv	
(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.

=	5089142-987C-4528-9123-0F147C2417C8		H22000200121
A. DIRECTORS Chairman	Name: Alexander Buckles	Chairman	Name: Alexander Buckles
Vice Chairman	Address: 4300 W. Lake Mary Blvd.	Vice Chairman	Address. 4300 W. Lake Mary Blvd
Director	Ste. 1010-164	Director	Ste. 1010-164
President	Lake Mary, FL 32746	President	Lake Mary, FL 32746
─		☐Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other
☐Chairman	Name: Alexander Buckles	Chairman	Name: Alexander Buckles
Vice Chairman	Address: 4300 W. Lake Mary Blvd.	☐Vice Chairman	Address: 4300 W. Lake Mary Blvd
Director	Ste. 1010-164	Director	Ste. 1010-164
President	Lake Mary, FL 32746	President	Lake Mary, FL 32746
☐Vice President		☐Vice President	
Secretary	Γreasurer	Secretary	Treasurer
Other	Other	Other	Other
Chairman	Name: Vishal Jiawon	Chairman	Name: Paul Johnson
Vice Chairman	Address: 4300 W. Lake Mary Blvd.	☐ Vice Chairman	Address: 4300 W. Lake Mary Blvd
— Director	Ste. 1010-164	Director	Ste. 1010-164
President	Lake Mary, FL 32746	President	Lake Mary, FL 32746
☐ Vice President		☐ Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other
individuals may be	Use an attachment to report more than six (6). The a sadded to the index when filing your Florida Depart	tment of State Annual R	el for reporting purposes only. Non-indexed eport form.
The afficiency of direct	Signature of Director signing this document (and who is listed in num		hat the facts stated herein are true and that he or
she is aware that f	alse information submitted in a document to the Dep	partment of State constit	utes a third degree felony as provided for in

s.817.155, F.S. 13. Alexander Buckles, CEO

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

<u>Delaware</u>

Page 1

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

DELAMARE, DO HEREBY CERTIFY "FORECASTABLE, 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 EIGHTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORECASTABLE, INC" WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 2022.

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

Authentication: 203625078

Date: 06-08-22