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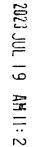
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COVER LETTER

	gistration Section vision of Corporations		
	T: Lifik Inc.		
SUBJEC	Name of c	orporation -	must include suffix
Dear Sir o	r Madam:		
"Certificat		Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.
Please reti	ım all correspondence concerning	this matter t	o the following:
Valentina 1	ugo		
	· · · · · · · · · · · · · · · · · · ·	Name of P	erson
		Firm/Comp	any
1007 N Ora	ange St. 4th Floor Suite #1050		
		Addres	s
Wilmington	n, Delaware 19801		
		ity/State an	d Zip code
agent@firs			
	E-mail address: (t	o be used fo	r future annual report notification)
For further	r information concerning this matt	er, please ca	II:
Valentina I	.ugo at	929	3050668
N	ame of Person	Area Code	Daytime Telephone Number
Ro Di TI 24	rreet/Courier address: egistration Section vision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 dlahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please mak	s a check for the following amount check payable to: FLORIDA DEP. Filing Fee	ARTMENT (DF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

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.

(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC			
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC (City) Miami (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this caparther agree to comply with the provisions of all statutes relative to the proper and complete performance of near the state of the appointment of the proper and complete performance of near the appointment as registered agent and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the appointment of the proper and complete performance of near the proper and co	(If name unavail:	able in Florida, enter alternate corporate name :	adopted for the purpose of transacting business in Florida
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 166 Geary St. 15th Floor 114 San Francisco California 94108 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) Registered agent's acceptance: Varing been named as registered agent and to accept service of process for the above stated corporation at the exignated in this application, I hereby accept the appointment as registered agent and agree to act in this caputarther agree to comply with the provisions of all statutes relative to the proper and complete performance of neutral principal agree to act in this caputarther agree to comply with the provisions of all statutes relative to the proper and complete performance of neutral prior to registration.	•	·	
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Miami , Florida 33132 (City) (Zip code) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this caparate agree to comply with the provisions of all statutes relative to the proper and complete performance of n	Name and street		D. Box NOT acceptable)
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	Name:	Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592	
	Name: ffice Address: Registered agivaring been namesignated in this arther agree to contact.	Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointnomply with the provisions of all statutes rewith and accept the obligations of my positions.	Florida 33132 (Zip code) ce of process for the above stated corporation at the nent as registered agent and agree to act in this capelative to the proper and complete performance of

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.

A. DIRECTORS João Felipe Franzen Bernardino Name: _ Name: _____ □ Chairman **■**Chairman 166 Geary St. 15th Floor 114 Address: □Vice Chairman ☐Vice Chairman San Francisco California 94108 ■ Director □Director ■ President □President □Vice President _ □Vice President □Treasurer ■ Treasurer □ Secretary **■**Secretary Other _____ □Other _____ □Other _____ Other _____ Name: _____ Name: _____ □Chairman □Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director Director □President ☐ President ☐Vice President □Vice President ____ □Treasurer □Secretary Treasurer □ Secretary □Other _____ □Other _____ Other _____ □Other _____ Name: _____ □Chairman Name: _____ Chairman ☐Vice Chairman □Vice Chairman Address: _____ Address: □Director Director □President □President □Vice President __ ☐Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer ☐Other _____ □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. 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. João Felipe Franzen Bernardino - President

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

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LIFIK 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 TENTH DAY OF JULY, A.D. 2023.

Authentication: 203641582

Date: 07-10-23