Fa500001591

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

Office Use Only



900445983179

7.27 17 77 17:00:44

T. LEMIEUX MAR 19 2025

COVER LETTER

_	istration Section ision of Corporations				
SUBJECT	Birdstop, Inc.				
		Name of corporation	n - must	include suffix	
Dear Sir or I	Madam:				
"Certificate	d "Application by Forei of Existence," or "Certi nced foreign corporation	ficate of Good Sta	nding" a	and check are subr	
Please return	all correspondence cor	ncerning this matte	er to the	following:	
Keith Miao					
	· <u>-</u>	Name o	f Person		
Birdstop, Ind).				
		Firm/Co	mpany		
280 Buchan	an Field Road, Ste 1				
		Add	ress		
Concord, CA	A 94520				
	<u> </u>	City/State	and Zip	code	
keith@birds	top.io				
	E-mail a	ddress: (to be used	for futu	re annual report n	otification)
For further i	nformation concerning	this matter, please	call:		
Keith Miao		650 at (733	33-5215	
Naı	ne of Person	Area Co	de	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is Please make	a check for the following theck payable to: FLORI	ng amount: DA DEPARTMEN	T OF ST	ATE	
□ \$70.00 F	iling Fee 🔲 \$78.75		□ \$78.7	'5 Filing Fee & fied 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.	Birdstop, Inc.					
		orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED)," "COMPANY," "CORPORATION,	19	
	(If some unequal)	able in Florida, enter alternate composite		e adopted for the purpose of transacting	business in Plantal	
		abie in rionda, enter atternațe corporate	name		business in Florida)	
2.				3. <u></u>		
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4.	12/28/2018		5			
	(Date of incorporation)			(Date of duration, if other than perpetual)		
6.	Have not yet tra	ansacted business in Florida				
7	280 Buchanan F		607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability	<i>'</i>)	
٠٠.				fice street address)		
		(Current	maili	ing address, if different)		
Q	Name and street	et address of Florida registered agent	ω	O Box NOT acceptable)	Ī.,	
Ο.	Name and succ	i	(r.	O. Box NOT acceptable)	ĺ	
	Name:	Registered Agent, Inc.			* :	
Office	ffice Address:	7901 4th Street N, Suite 300			44 (817%	
		St. Petersburg		. Florida 33702	4.	
		(City)	-	(Zip code)	, 4-	
9.	Registered age	ent'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.

egistered 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.

A. DIRECTORS Keith Miao Keith Miao Chairman Name: Chairman Name: 280 Buchanan Field Road, Ste 280 Buchanan Field Road, Ste ☐ Vice Chairman Address: ☐ Vice Chairman Address: Concord, CA 94520 Concord, CA 94520 □ Director □ Director ☐ President President ☐Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer ☐Other _____ Other ____ □Other ____ Other_ Name: _____ ☐ Chairman Name: □ Chairman □Vice Chairman Address: _____ ☐Vice Chairman Address: □ Director □ Director ☐ President President ☐Vice President ☐ Vice President □ Secretary ☐Treasurer: ☐ Secretary ☐ Treasurer ☐ Other ______ ☐ Other □ Chairman Name: ☐ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: ☐ Director □ Director □ President □ President ☐Vice President _ ☐ Vice President □ Secretary ☐Treasurer -□ Secretary Treasurer 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. 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. Keith Miao 13.

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "BIRDSTOP, 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 FIRST DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIRDSTOP, INC."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2018.

THE STATE OF THE S

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203055212

C. G. Sancher

Date: 03-01-25