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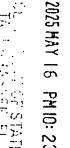
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DOOT MAY IN THE STATE OF

COVER LETTER

	Registration Section Division of Corporations					
	•					
SUBJE	CT: Kea Cloud, Inc.	<u> </u>				
	Na	me of corporation -	must include suffix			
Dear Sir	or Madam:					
"Certific	losed "Application by Foreig cate of Existence." or "Certific eferenced foreign corporation	cate of Good Stand	ing" and check are subr			
Please re	eturn all correspondence con	cerning this matter t	o the following:			
	adam ahmad		<u> </u>			
	·	Name of P	erson			
Kea Clou	d, Inc.					
		Firm/Comp	any			
3790'El'0	Camino Real, Unit #506					
		Addres	S			
Palo Alto	CA 94306					
		City/State an	d Zip code			
finance@)kea.cloud					
	E-mail add	dress: (to be used fo	r future annual report n	otification)		
For furth	ner information concerning th	is matter, please ca	11:			
Jessica Meksavan 917 at (917 at (696-7447			
	Name of Person	Area Code	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please ma	•	A DEPARTMENT O	OF STATE \$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.

me., co., c	orp," "Inc," "Co," or "Corp.")						
KEA CLOUD IN	С						
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
Delaware 3 82-2			-2774877 (FEI number, if applicable)				
(State or country under the law of which it is incorporated)		orporated)	(FEI number, if applicable)				
05/29/18		5.					
(Date of incorporation) 5.			(Date of duration, if other	than perpetual)			
	(Date first transact	ed business in Florida.	if prior to registration)				
0504 Ob - 45 D		301-& 607.1302, h:5:,	o determine-penalty liabili	ay)			
2501 Chatham R	d Suite N Springfield IL 62704						
7004 4th Ct N C7		Principal office street	address)				
7901 4th 5t N 51	E 300 St. Petersburg FL 33702						
			10 1100				
	((furrent mailing address	, if different)				
Name and street		·					
. Name and <u>stre</u>	et address of Florida registered	agent: (P.O. Box N					
. Name and <u>stre</u> Name:		agent: (P.O. Box N		2 0			
Name:	et address of Florida registered	agent: (P.O. Box N		2025 H			
Name:	et address of Florida registered Northwest Registered Agent LI	agent: (P.O. Box N	OT acceptable)	2025 HAY			
Name:	et address of Florida registered Northwest Registered Agent LI 7901 4th St N STE 300 - St. Petersburg	agent: (P.O. Box N	OT acceptable) orida 33702	2025 HAY 16			
Name: Office Address:	Northwest Registered Agent LL 7901 4th St N STE 300 - St. Petersburg (City)	agent: (P.O. Box N	OT acceptable)	2025 HAY 16 PH			
Name: Office Address:	et address of Florida registered Northwest Registered Agent LI 7901 4th St N STE 300 - St. Petersburg (City)	agent: (P.O. Box N	OT acceptable) orida 33702 (Zip code)	2025 HAY 16 PH IO			
Name: ffice Address: Registered ag	et address of Florida registered Northwest Registered Agent LL 7901 4th St N STE 300 - St. Petersburg (City) ent's acceptance: ted as registered agent and to	agent: (P.O. Box No. 10	OT acceptable) orida 33702 (Zip code) cess for the above stated	l corporațion ac îne p			
Name: ffice Address: Registered ag laving been nan esignated in this arther agree to c	Northwest Registered Agent LL 7901 4th St N STE 300 - St. Petersburg (City) ent's acceptance: ied as registered agent and to a application, I hereby accept to comply with the provisions of a	agent: (P.O. Box No. 10	OT acceptable) orida 33702 (Zip code) cess for the above stated agree the proper and complete the pr	l corporațion ar îne p ee to act in this Espac			
Name: Office Address: Registered aglaving been nanesignated in this	et address of Florida registered Northwest Registered Agent Ll 7901 4th St N STE 300 - St. Petersburg (City) ent's acceptance: red as registered agent and to a application, I hereby accept to	agent: (P.O. Box No. 10	OT acceptable) orida 33702 (Zip code) cess for the above stated agree the proper and complete the pr	l corporațion ar îne p ee to act in this Espac			
Name: Office Address: Registered aglaving been nanesignated in this	Northwest Registered Agent LL 7901 4th St N STE 300 - St. Petersburg (City) ent's acceptance: ied as registered agent and to a application, I hereby accept to comply with the provisions of a	agent: (P.O. Box No. 10	OT acceptable) orida 33702 (Zip code) cess for the above stated agree the proper and complete the pr	l corporațion ar îne p ee to act in this Espac			
Name: Office Address: Registered aglaving been nanesignated in this	Northwest Registered Agent LL 7901 4th St N STE 300 - St. Petersburg (City) ent's acceptance: ied as registered agent and to a application, I hereby accept to comply with the provisions of a	agent: (P.O. Box No. 10	OT acceptable) orida 33702 (Zip code) cess for the above stated agree the proper and complete the pr	l corporațion ar îne p ee to act in this Espac			

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.

Docusign Envelope ID: CE2121DB-CFC5-4A4F-87B0-1D6E92313746

A DIRECTORS

A. DIRECTORS	Adam Ahmad							
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	☐ Vice Chairman	Address:					
☑Director	3790 El Camino real Unit#506	Director						
☑ President	Palo Alto CA 94306	□President						
□Vice President		□ Vice President						
☑ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□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	□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	□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. 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								

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$8.817.155, F.S.

. Adam Ahmad

Page 1

Delaware The First State

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

OF DELAWARE, DO HEREBY CERTIFY "KEA CLOUD, 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 FIFTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 2018.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203603297

C. G. Sanchez

Date: 05-05-25

6836556 8300

SR# 20251980564