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DEC -2 2022 M. SOLOMON

COVER LETTER

SHRJ	ECT:	Kathairos So	lutions (JS, Inc.		
5015		Name of corporat	ion - m	ust include suffix		
Dear S	Sir or Madam:					
"Certif	ficate of Existence."	by Foreign Corporation to "Certificate of Good Sorporation to transact bus	tanding	g" and check are sub		
Please	return all correspon	dence concerning this ma	tter to t	he following:		
	Kenneth Br	own				
_		Name	of Pers	on		
	Kathairos Sol	utions US, Inc.				
		Firm/C	Compan	y		7263
	205, 1117 1 9	street sw				
		Ac	ldress	<u></u>		
	Calgary, Albe	erta, Canada, T2R 0T9				
		City/Stat	e and Z	ip code		
	kbrown@katl	nairos.com				ي اچنو
	· · · ·	E-mail address: (to be use	d for f	uture annual report	notification)	<u>`</u>
For fu	rther information co	ncerning this matter, pleas	se call:			
	Kenneth Brown	at (403) _	815-3764		
	Name of Person	Area C	ode	Daytime Telep	hone Number	
	STREET/COURI Registration Section Division of Corpor The Centre of Talk 2415 N. Monroe S Talkahassee, FL 33	on rations ahassee treet, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Please i	· -	following amount: : FLORIDA DEPARTME 3 \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & entified Copy	□ \$87.50 Fili Certificate Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ons US, Inc.		
	orporation; must include "INCORPORATED," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila Delaware		opted for the purpose of transacting bu 0-1301667	siness in Florida)
(State or country March 14, 2022	y under the law of which it is incorporated) 5.	(FEI number, if applica	ble)
(Date	of incorporation) s not started conducting business in Florida.	(Date of duration, if other than	perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
1042 Granger	Dr., Jacksonville, FL, 32221		
205, 1117 1 si	(Principal office treet sw. Calgary, Alberta, Canada, T2R0T9	<u>street</u> address)	
-	(Current mailing a	address, if different)	202
. Name and <u>stree</u>	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	1022 NOV -4
Name:	ZenBusiness Inc.	_	
Office Address:	336 E. College Ave., Suite 301	_	% - 23 3 33 19
	Tallahassee	Florida	ψ N
	(City)	(Zip code)	
lesignated in this urther agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and agree to ative to the proper and complete pe	act in this capacit

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	Dick Brown		Jason Clarke
□Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Calgary, Alberta, Canada, T2G 2Y4	□Director	Calgary, Alberta, Canada T3H 5C5
■President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	COO Other	Other
□ Chairman □ Vice Chairman ➡ Director	Kenneth Brown Name: 4606 17 st SW Address: Calgary, Alberta, Canada, T2T 4R2	□Chairman □Vice Chairman □Director	Name:
□President		□President	
□ Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer 17
Other	Other	Other	Liother 100 1
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name: See See See See See See See See See S
□Director		□Director	
□President		□President	
□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 at added to the index when filing your Florida Departs Signature of Director	nent of State Annual Re	port form.
The officer or direct she is aware that fars. 817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Department, Director of Finance	ber 11 above) affirms th	at the facts stated herein are true and that he or

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

Dear Florida department of State Division of Corporations,

This affidavit is to confirm that we have filed and effectively Dissolved the Kathairos Solutions US, Inc. (expany. We cironously filed as a non-foreign entity so submitted and filed The Articles of Dissolution dissolving Kathairos Solutions US, Inc.

We hereby allow the company name "Kathairos Solutions US, Inito be released so we can re-apply our builtiess in Florida as a foreign-Entity, with this business name.

This application attached to this affidavit will request to take on the same briness name "Kathairos Solutions, US, Inc."

Any questions or concerns please reach out.

for

Kenneth Brown Director of Fhance

Kathairos Solutions US, Inc.

403-815-3764

Kbrown @ Katherros. Com

Page 1



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

DELAWARE, DO HEREBY CERTIFY "KATHAIROS SOLUTIONS US, 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 NOVEMBER, A.D. 2022.



Authentication: 204749822

Date: 11-01-22