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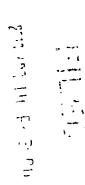
| (Re | equestor's Name) | |
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| | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
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| PICK-UP | MAIT | MAIL |
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| (Bu | siness Entity Nar | ne) |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| <u> </u> | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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July

COVER LETTER

| TO: | Registration Sect Division of Corp | | | | | |
|---------------|---|----------------------------------|------------------|---|---------------------------------------|-------------|
| CHDI | Loki Labs ! | Inc. | | | | |
| SODO | ECT | Name | of corporation | - must include suffix | · · · · · · · · · · · · · · · · · · · | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | | ," or "Certificate | of Good Stan | Authorization to Transa ding" and check are sub ss in Florida. | | |
| Please | return all correspo | ondence concern | ing this matter | to the following: | | |
| Nichol | las Hnatiw | | | | | v á |
| | | | Name of F | Person Person | | |
| Loki L | abs Inc. | | | | | - 1 |
| | <u> </u> | - | Firm/Com | pany | | |
| 2221 V | V Superior St., Apt 2 | 03 | | | | • =1 |
| | | | Addre | SS . | | •) |
| Chicag | go, IL 60612 | | | | | <u></u> |
| | | | City/State ar | nd Zip code | | |
| payroll | l@lokilabs.io | | • | · | | |
| | | E-mail address | s: (to be used f | or future annual report | notification) | |
| For fu | rther information c | oncerning this m | natter, please c | all: | | |
| Carrie | Mast | | 407 at (| 7331513 | | |
| | Name of Person | | Area Code | _) Paytime Telep | hone Number | |
| | STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL | ion orations Center Circle | S: | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee. F | ection orporations 7 | |
| Enclos | sed is a check for th | ne following amo | ount: | | | |
| = \$70 | 0.00 Filing Fee | S78.75 Filing Certificate of | | \$78.75 Filing Fee & Certified Copy | S87.50 Filing Certificate of | of Status & |

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.

| Delaware | able in Florida, enter alternate corporate name ac | 7-4762498 | | • |
|------------------|--|---|--|-------|
| (State or counti | y under the law of which it is incorporated) | (FEI number, if applied | | • |
| (Date | of incorporation) 5. | (Date of duration, if other tha | n perpetual) | • |
| | (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 St., Apt 203, Chicago IL 60612-1352 | 2, F.S., to determine penalty liability) | | _ |
| | (Principa | l office address) | ; - ; - ; - , - , - , - , - , - , - , - , - , - | |
| Name and stree | (Current mailing et address of Florida registered agent: (P.O. | address, if different) Box NOT acceptable) | | |
| Name: | Matthew McKechnie | | : 2 | |
| ffice Address: | 8521 Vedder Ln. | | | |
| | Orlando | 32832 , Florida | | |
| | (City) | (Zip code) | | |
| aving been nam | ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme | ent as registered agent and agree | orporation at the to act in this capa performance of m | icity |

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.

11. Names and business addresses of officers and/or directors:

| A. DIRE | Nicholas Hnatiw | | | | |
|--|---|---|--|--|--|
| Chairman: | 2221 W Superior St., Apt 203 | | | | |
| | Chicago IL 60612-1352 | | | | |
| Vice Chair | man: | | | | |
| Address: | | | | | |
| _ | | | | | |
| Director: | | _ | | | |
| Address: | | | | | |
| Director: | | | | | |
| | | | | | |
| | | | | | |
| B. OFFI | CERS | | | | |
| President: | | | | | |
| Address: | | | | | |
| | | | | | |
| Vice Presi | dent: | | | | |
| | | _ | | | |
| | | | | | |
| Secretary: | | | | | |
| Address: | - · · · · · · · · · · · · · · · · | _ | | | |
| Treasurer: | | | | | |
| Address: | | | | | |
| NOTE: <i>J</i> | florcessary, you may attach an addendum to the application listing additional officers and/or directors. | | | | |
| The office are true a a third de | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein that he or she is aware that false information submitted in a document to the Department of State constitute gree felony as provided for in s.817.155, F.S. | | | | |
| | (Typed or printed name and capacity of person signing application) | | | | |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LOKI LABS 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 MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOKI LABS INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2015.

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

11 () 3 PI

Authentication: 202610464

Date: 05-01-18

5804675 8300 SR# 20183202584