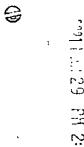
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

FOREIGN FILINGS						
XXXX QUALIFICATION (TYPE: <u>CO</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
_						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

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.

(Enter name of	corporation; must include "INCORPORATED Corp," "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
	(S. S. Co.p.)		
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)
2	3.	(FEI number, if applicable)	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
Delaware 4.	5.		
4. (Date of incorporation) 5		(Date of duration, if other than perpetual)
6.		,	
().			
0		n Florida, if prior to registration)	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve, Suite 3500, San Francisco CA 94129	502, F.S., to determine penalty liability)	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve, Suite 3500, San Francisco CA 94129		
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve, Suite 3500, San Francisco CA 94129 (Principal off	502, F.S., to determine penalty liability) ice street address)	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve, Suite 3500, San Francisco CA 94129 (Principal off	502, F.S., to determine penalty liability) ice street address) ng address, if different)	
7. Letterman Dri	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve, Suite 3500, San Francisco CA 94129 (Principal off	502, F.S., to determine penalty liability) ice street address) ng address, if different)	202
7. Letterman Dri	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 we, Suite 3500, San Francisco CA 94129 (Principal off (Current mailing)) et address of Florida registered agent: (P.0)	502, F.S., to determine penalty liability) ice street address) ng address, if different)	2021 H
7. Letterman Dri	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve, Suite 3500, San Francisco CA 94129 (Principal off	502, F.S., to determine penalty liability) ice street address) ng address, if different)	2021 HAR 2
7. Letterman Dri 8. Name and stre Name:	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 we, Suite 3500, San Francisco CA 94129 (Principal off (Current mailing)) et address of Florida registered agent: (P.0)	502, F.S., to determine penalty liability) ice street address) ng address, if different)	2021 HAR 29
7. Letterman Dri 8. Name and stre Name:	(Date first transacted business is (SEE SECTIONS 607.1501 & 607.1 ve. Suite 3500, San Francisco CA 94129 (Principal off (Current mailing) et address of Florida registered agent: (P.C. Corporation Service Company) 1201 Hays Street	502, F.S., to determine penalty liability) ice <u>street</u> address) ng address, if different) O. Box <u>NOT</u> acceptable)	2021 HAR 29 AM
7. Letterman Dri 8. Name and stre	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve, Suite 3500, San Francisco CA 94129 (Principal off (Current mailing) et address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street	502, F.S., to determine penalty liability) ice street address) ng address, if different)	2021 HAR 29 AM 9: 47

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.

By: (Registered 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.

DocuSign Envelope ID: 23079A9A-592C-46D4-80BD-A09D9D862BEE

A. DIRECTORS					
□Chairman	Name: Nichole Pechet	□Chairman	Name:		
□Vice Chairman	Address: Letterman Drive, Suite 3500	□Vice Chairman	Address: 1 Letterman Drive, Suite 3500		
Director	San Francisco CA 94129	Director	San Francisco CA 94129		
□President		■President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer		
Other CEO	Other	□Other	□Other		
□Director □President	Name: Chester Ng 1 Letterman Drive, Suite 3500 San Francisco CA 94129 Treasurer	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	San Francisco CA 94129		
Other		Ass't Secretary Ass't Secretary			
□Chairman	Name: Emil Michael Address: 1 Letterman Drive, Suite 3500 San Francisco CA 94129	□ Chairman	Name:		
□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 have beautiful 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. Agree Haves, Assistant Socreton.					



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

DELAWARE, DO HEREBY CERTIFY "HOMEBOUND TECHNOLOGIES, 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 TWENTY-NINTH DAY OF MARCH, A.D.

2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMEBOUND TECHNOLOGIES, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JANUARY, A.D. 2018.

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

Authentication: 202843174

Date: 03-29-21