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To:

Division of Corporations

Fax Number

: (850)617-6383

Fron:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail Address: abigail@spiraequitypartners.com

HAY -5 AM 10: 3;

FOREIGN PROFIT/NONPROFIT CORPORATION SPIRA MERRITT PLACE GP, INC.

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May 5, 2021

FLORIDA DEPARTMENT OF STATE

STEARNS WEAVER MILLER WEISSLER ALBEDETE & STITERSON

SUBJECT: SPIRA MERRITT PLACE GP, INC.

REF: W21000060609

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The company listed as the registered agent must read as it does on our data base. We do not have a company by the name "CORPORATE CREATIONS". Please correct the registered agents name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly. Regulatory: Specialist II FAX Aud. #: E21000174829 Letter Number: 621A00009329

*****ATTACHED IS THE CORRECTED DOCUMENT. PLEASE HONOR THE ORIGINAL DATE OF SUBMISSION FOR THE EFFECTIVE FILING DATE.******

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607: I SO3: FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	TT PLACE GP, INC.	HITTO CALL TO THE STATE OF THE	
(Enter name of c	orporation; must include "INCORP orp," "Inc," "Co;" or "Corp,")	PORATED, "*COMPANY," "CORPORATION;"	-
		and the second s	
(If name unavail	able in Florida, enter alternate corpo	orate name adopted for the purpose of transacting business in Florida	<u>a)</u>
BRITISH COL	UMBIA, CANADA	3 .	
(State or count	y under the law of which it is incorp	porated) (FEI number, if applicable)	
April 30, 2021		5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
Date of filing a	pplication with Florida Department-	of State	
		d business in Florida, if prior to registration) 01 & 607:1502, F.S., to determine penalty liability)	~
885-West-Georgi	a St. Suite 1480, Vancouver, BC V	76C 3E8	
· · · · · · · · · · · · · · · · · · ·	(Pr	rincipal office street address)	-
	·		
	.,, • , , , , , ,	and the second s	
	(Cu	irrent mailing address, if different)	
	(Cv	rrent mailing address, if different)	
Name and stre		irrent mailing address, if different) agent: (P.O. Box: <u>NOT</u> /acceptable)	
,		igent: (P.O. Box <u>NOT</u> /acceptable)	,
Name:	et address of Florida registered a	igent: (P.O. Box <u>NOT</u> /acceptable)	
Name:	et address of Florida registered a Corporate Creations Network	igent: (P.O. Box <u>NOT</u> /acceptable)	
Name:	et address of Florida registered a Corporate Creations Network 801 US Highway I	agent: (P.O. Box NOT/acceptable)	71.0
Name:	ct address of Florida registered a Corporate Creations Network 801 US Highway I North Palm Beach (City)	agenti: (P.O. Box: <u>NOT</u> /acceptable) Inc. Plorida 33408	FILED
Name: ffice Address: Registered ag	et address of Florida registered a Corporate Creations Network 801 US Highway I North Palm Beach (City) ent's acceptance: ied as registered agent and to ac	igent: (P.O. Box NOT/acceptable) Inc. Plorida 33408 (Zip code)	- In O
Name: ffice Address: Registered ag aving been namesignated in this	et address of Florida registered a Corporate Creations Network 801 US Highway I North Palm Beach (City) ent's acceptance: ied as registered agent and to acceptance; application, I hereby accept the	rigent: (P.O. Box NOT acceptable) Inc. Florida Zip code) Ccept service of process for the above stated corporation the emporation at registered agent and agree to uct in this cap	pacity.
Name: ffice Address: Registered ag aving been namesignated in this	et address of Florida registered a Corporate Creations Network 801 US Highway I North Palm Beach (City) ent's acceptance: led as registered agent and to acceptance the comply with the provisions of all	igent: (P.O. Box NOT/acceptable) Inc. Plorida 33408 (Zip code)	pacity.
Name: Iffice Address: Registered aglaving been namesignated in this	et address of Florida registered a Corporate Creations Network 801 US Highway I North Palm Beach (City) ent's acceptance: led as registered agent and to acceptance the comply with the provisions of all	rigent: (P.O. Box NOT acceptable) Inc. Florida Zip code) Coept service of process for the above stated corporation at the appointment as registered agent and agree to uct in this cap is statutes relative to the proper and complete performance of	pacity.
Name: office Address: Registered ag aving been namesignated in this orther agree to condition of the same same same same same same same sam	et address of Florida registered a Corporate Creations Network 801 US Highway I North Palm Beach (City) ent's acceptance: led as registered agent and to acceptance the comply with the provisions of all	rigent: (P.O. Box NOT acceptable) Inc. Florida Zip code) Coept service of process for the above stated corporation at the appointment as registered agent and agree to uct in this cap is statutes relative to the proper and complete performance of	pacity.

^{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 of other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS		!					
GChairman	Name:	□Chairman ;	Name:				
□Vice Chitirman	Address: 885 West Georgia Street	· DVice Chairman					
⊠ Director.	Suite 1480	Director					
☐ President	Vancouver, BC V6C 3E8	☐President					
□ Vice President		☐Vice President					
☐ Secretary-	☐ Tr=asurer	☐ Secretary		□Treasurer			
□Other	Other	□Other		□Other			
	Clauban Ha						
□Chairman	Stephen Ho	□ Chairman	Name:				
□ Vice Chairman.	885 West Georgia Street	□Vice Chairman	Address:				
₩Director	Suite 1480	□Director					
□Præident	Vancouver, BC V6C 3E8	DPresident					
□Vice President		□Vice President					
[] Secretary	☐ Treasurer	☐Secretary		□Treasurer			
□Other		□Other		□0ther			
©Cheirman	Name:	□ Chairman	Name:				
□ Vice Chairman	Address:	□ Vice Chairman.	Address:				
□Director		□ Director					
□Presidem		© 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.							
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 5.817.155; F.S.							
13. Robert Lee, Director							

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

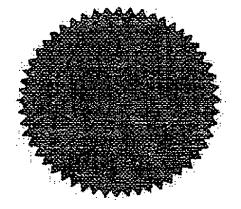
Number: BC1302965



OF GOOD STANDING

BUSINESS CORPORATIONS ACT

I Hereby Certify that, according to the corporate register maintained by me, SPIRA MERRITT PLACE GP, INC. was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing:



ELECTRONIC CERTIFICATE

Issued under my hand at Victoria, British Columbia On April 30, 2021

CAROL PREST

Registrar of Companies
Province of British Columbia
Canada