## F2100003565

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
EverCharge Inc.			
SUBJECT:			
Name of	corporation - mu	st include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standing'	and check are submit	Business in Florida." ited to register the
Please return all correspondence concernin	g this matter to th	e following:	
	Name of Perso	n	
Archetype Legal PC	, ,,,,,,,,		
	Firm/Company		
18035 Barrett Ave	rimicompany		
	Address		
Sonoma, CA 95476			
	City/State and Zi	n code	<u> </u>
alex@archetypelegal.com	<b></b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r	
E-mail address:	(to be used for fu	ture annual report not	ification)
		•	
For further information concerning this ma	tter, please call:		
Alex King	707 8	15 6229	
3	nt ()		
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee S78.75 Filing Certificate of	PARTMENT OF $\Box$ Fee & $\Box$ \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 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.

Solution   Solution	(If name unavail		opted for the purpose of transacting business in Florida)	
(Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  Tallahassee  Florida  (City)  Florida  (Zip code)	Delaware 3.		80-0281465	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida 32301 (Zip code)				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida 32301 (Zip code)	8/19/2015	5. <u></u>		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  48 Market St. Ste 31647 San Francisco, CA 94105  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida 32301 (Zip code)	(Date	of incorporation)	(Date of duration, if other than perpetual)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida  (Zip code)				
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida  (Zip code)		(Date first transacted business in FI	lorida, if prior to registration)  F.S. to determine negalty liability)	
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    First Corporate Solutions, Inc.	48 Market St.		(1), to determine penalty massing)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida 32301 (Zip code)			street address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida 32301 (Zip code)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida  (Zip code)		(Current mailing a	ddress, if different)	
Name:  First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  Florida 32301 (Zip code)		ζ	,	
fice Address:  Tallahassee  (City)  Tollahassee  (City)  Tollahassee  (City)  Tollahassee				
fice Address:  Tallahassee  (City)  Tollahassee  (City)  Tollahassee  (City)  Tallahassee	Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Tallahassee . Florida 32301 (City) (Zip code)	<del>-</del>		Box NOT acceptable)	
(City) (Zip code)	<del>-</del>	First Corporate Solutions, Inc.	Box NOT acceptable)	
(City) (Zip code)	Name:	First Corporate Solutions, Inc.  155 Office Plaza Drive		
Degistared agent's accentance	Name:	First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee		
	Name:	First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee		
	Name: fice Address:  Registered ag	First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)	Florida 32301	
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	Name:  Tice Address:  Registered agwing been namignated in this	First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	Florida \frac{32301}{(Zip code)}  of process for the above stated corporation at the part as registered agent and agree to act in this capac	
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my d I am familiar with and accept the obligations of my position as registered agent.	Name: fice Address:  Registered agaving been namsignated in this	First Corporate Solutions, Inc.  155 Office Plaza Drive  Tallahassee  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives.	Florida \( \frac{32301}{(\text{Zip code})} \)  of process for the above stated corporation at the put as registered agent and agree to act in this capacitive to the proper and complete performance of my	

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

■ Director ■ President	Jason Appelbaum  Name:  548 Market St Ste 31647  Address:  San Francisco, CA 94105	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Peter Rive  Name:  548 Market St. Ste 31647  Address:  San Francisco, CA 94105   Treasurer  Other			
<ul><li>■Director</li><li>□President</li></ul>	Timothy Watkins  Name:	□Chairman □Vice Chairman ■Director □President □Vice President □Secretary □Other	San Francisco, CA 94105			
□ Director □ President □ Vice President □ Secretary □ Other		□ Director □ President □ Vice President □ Secretary □ 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 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.  Jason Appelbaum, CEO						



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

DELAWARE, DO HEREBY CERTIFY "EVERCHARGE, 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 TWENTIETH DAY OF APRIL, 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 "EVERCHARGE,

INC." WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2015.

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

Authentication: 203010031

Date: 04-20-21

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