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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:	Fictiv Inc.					
.,020			Name of co	rporation	must include suffix		
Dear S	Sir or M	ladam:					
"Certi	ficate o	f Existence		Good Stand	Authorization to Transact ling" and check are subm s in Florida.		
Please	return	all corresp	ondence concerning th	his matter	to the following:		
Eric N	iiya						
				Name of P	erson		
Fictiv	Inc.						
				Firm/Comp	oany		
168 W	elsh St	/A					
				Addre	SS		
San Fe	ancisco.	CA 94107	-5513				
			Ci	ty/State an	d Zip code		
епс лі	iya@fic	tiv.com					
			E-mail address: (to	be used fo	or future annual report no	otification)	
For fu	rther in	formation	concerning this matter	r, please ca	nII:		
Eric N	iiya		at (650	218-4675		
	Nam	e of Perso		Arca Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS:					MAILING ADDRESS: Registration Section		
Registration Section Division of Corporations The Centre of Tallahassee					Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo	sed is a	check for	the following amount: to: FLORIDA DEPA	DTMENT	OF CTATE		
		ing Fee	\$78.75 Filing Fe		\$78.75 Filing Fee &	■ \$87.50 Filing Fee,	
			Certificate of St		Certified Copy	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.

1. FICTIV INC. (Enter name of co	rporation; must include "INCORPORATED.	" "COMPANY." "CORPORATION."			
	rp," "Inc," "Co," or "Corp.")				
(If name unavaila	ble in Florida, enter alternate corporate name		business in Florida)		
2. DELAWARE	3.	46-3528130			
•	under the law of which it is incorporated)	(FEI number, if applicable)			
4. 08/19/2013	5.				
(Date of incorporation) (Date of duration, if other than perpetual)					
6. 06/01/2021		n Florida, if prior to registration) 502, F.S., to determine penalty liability	·)		
7		ice <u>street</u> address)			
	(Current maili	ng address, if different)			
8. Name and street	address of Florida registered agent: (P.	O. Box NOT acceptable)			
Name:	CORPORATION SERVICE COMPANY		2		
Office Address:	1201 HAYS STREET				
	TALLAHASSEE	, Florida			
	(City)	(Zip code)			
9. Registered age		in al monage for the above stated			
designated in this	ed as registered agent and to accept serv application, I hereby accept the appoint amply with the provisions of all statutes (with and accept the obligations of my po	ment as registered agent and agree relative to the proper and complete	to act in this capacity.	I	

Lynn M. Cannelongo Lynn M. Cannelongo, AVP

(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.

A. DIRECTORS							
□ Chairman	Name: DAVID EVANS	□Chairman □Vice Chairman ■Director	Name:				
□Vice Chairman	Address:						
Director	SAN FRANCISCO, CA 94107		SAN FRANCISCO, CA 94107				
President		□President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary	☐Treasurer				
□ Other	Other	Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	168 WELSH ST #A	□ Vice Chairman	Address: LEGA WELSH ST #A SAN FRANCISCO, CA 94107				
□Director	SAN FRANCISCO, CA 94107						
□President		□President					
☐Vice President		□Vice President					
■ Secretary	☐Treasurer	☐Secretary :	☐Treasurer				
Other	Other	□Other	Other				
□ Chairman	Name: ZHONGQUAN CHEN	□ Chairman	Name: DANIEL OROS				
□Vice Chairman	Address:	□Vice Chairman	Address: 168 WELSH ST #A SAN FRANCISCO, CA 94107				
□Director	SAN FRANCISCO, CA 94107						
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	□ Scoretary	Treasurer				
##Other CFO	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. 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 5.817.155, F.S. 2HONGQUAN CHEN / CFO							

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

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FICTIV 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 JUNE, 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 "FICTIV INC." WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2013.

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

Authentication: 203336371

Date: 06-01-21

5385613 8300 SR# 20212305584