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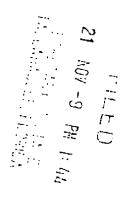
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Mor Ventures inc. D	BA 3 Mor Ventures	Inc.		
Sobole II	Name of corporation -	nust include suffix	·	
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Cerabove referenced foreign corporat	rtificate of Good Standir	ig" and check are subn		
Please return all correspondence of	concerning this matter to	the following:		
Diana Rydbeck				
	Name of Pe	rson	_	
3Mor Ventures Inc.				
	Firm/Compa	ny		
1100 S Greenway Dr				
	Address			
Coral Gables, FL 33134				
	City/State and	Zip code		
diana@morventuresinc.com				
E-mail	address: (to be used for	future annual report no	otification)	
For further information concerning	g this matter, please call	:		
Diana Rydbeck	at ()	330-0033	0-0033 Daytime Telephone Number	
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	NDA DEPARTMENT O 75 Filing Fee & □ \$	F STATE 78.75 Filing Fee & Certified Copy	S87.50 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.

Mor Ventures II	nc.		
	corporation; must include "INCORPORATED," " forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	"ис
3Mor Ventures	Inc.		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transact	ing business in Florida)
Delaware 3.		35-2728203	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 07/20/2021	5		
(Date of incorporation) (Date of duration, if oth		r than perpetual)	
6. August 16, 2021	l ·		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Coral Gables, FL 33134		ility)
7	(Principal office	street address)	_
	(i illespui oinee	dates,	21
	(Current mailing a	ddress, if different)	8 T
8. Name and street	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	:"; <u> </u>
Name:	Diana Rydbeck	_	- 1/1 圣 ロ
Office Address:	1100 S Greenway Dr		VORO 3173 1174
	Coral Gables	, Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

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.

(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 Ilyssa Norda □ Chairman ☐ Chairman Name: 2460 Sacramento St ☐ Vice Chairman Address: □Vice Chairman Address: San Francisco, CA 94115 Director □ Director President □ President ☐ Vice President ☐Vice President □Secretary □Treasurer □ Secretary ☐ Treasurer □Other □Other _____ □Other _____ Other ____ Diana Rydbeck □ Chairman Chairman Name: Name: 1100 S Greenway Dr □Vice Chairman Address: ☐ Vice Chairman Address: Coral Gables, FL 33134 Director □ Director □President □ President □Vice President ☐ Vice President **■**Secretary ☐ Treasurer ☐ Secretary Treasurer □Other _____ □Other _____ Other _____ □Other _____ Name: Name: □ Chairman □Chairman □ Vice Chairman Address: □ Vice Chairman Address: ☐ Director ☐ Director □President President □Vice President □Vice President _____ ☐ Secretary □ Treasurer □ Secretary □ Treasurer ☐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 poten 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.

Diana Rydbeck Secretary



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

DELAWARE, DO HEREBY CERTIFY "MOR VENTURES 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-FIFTH DAY OF OCTOBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOR VENTURES INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2021.

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



Authentication: 204506214

Date: 10-25-21