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Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Disruptive Game	es, Inc.		
Name o	of corporation - m	ust include suffix	<u>.</u>
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Standing	g and check are submit	Business in Florida." ted to register the
Please return all correspondence concerni	ng this matter to	the following:	
Grant Rogers	_		
	Name of Per	son	
Disruptive Games, Inc.			
	Firm/Compa	ıy	
7250 Redwood Blvd. ST	E300		
	Address		
Novato, CA 94945			. <u> </u>
	City/State and	Zip code	
grant.rogers@disruptivega	mes.com		
E-mail addres	s: (to be used for	future annual report not	ification)
For further information concerning this r	natter, please call	:	
Grant Rogers	<sub>3,7</sub> 510	849-1340  Daytime Telepho	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee. FL	ction porations
Enclosed is a check for the following am Please make check payable to: FLORIDA I \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT Cong Fee &	F STATE 578.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy

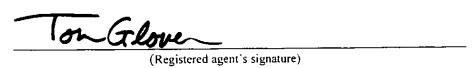
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
		85-3982039	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
9/4/2020	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
4/1/2022			
7.00 NEUV	VOOD BIVO. 5 FESUU INOVALO.	, CA 94945	
230 Redv	vood Blvd. STE300 Novato	fice street address)	
	(Principal of Current mail	ing address, if different)	
	(Principal of  (Current mail  at address of Florida registered agent: (P.	ing address, if different)	
	(Principal of Current mail	ing address, if different)  O. Box NOT acceptable)	
Name and stree Name:	(Principal of  (Current mail  t address of Florida registered agent: (P.  Northwest Registered Agent  7901 4th St N STE 300	ing address, if different)  O. Box NOT acceptable)  LLC  RH	
Name and <u>stree</u>	(Principal of  (Current mail  t address of Florida registered agent: (P.  Northwest Registered Agent  7901 4th St N STE 300	ing address, if different) $\omega$ 28	

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.



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	Name: Eric Ellis	□ Chairman	Name:
<b>≾</b> Chairman	Address: 1024 Overlook Rd		Address:
□ Vice Chairman	Berkeley, CA 94704	☐ Director	
□President		□President	
		□Vice President	
Secretary	□Treasurer	□ Secretary	□Treasurer
Other		□Other	Other
□Chairman	Name:	□ Chairman	Name:
☐Vice Chairman	Address:	□Vice Chairman	Address:
☐ Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer	☐ Secretary	☐Treasurer
Other	□Other	Other	□Other
□ Chairman	Name: Jed Melnik	□Chairman	Name: Grant Rogers
	Address:	□Vice Chairman	Address:
Director	227 Belle Ave	□Director	16 Joan Ave
□President	San Rafael, CA 94901	□President	Novato, CA 94947
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	☐ Treasurer
Other	Other	□Other	Other
Important Notice individuals may	: Use an attachment to report more than six (6). The peradded to the index when filing your Florida Department.	attachment will be image artment of State Annual R	ed for reporting purposes only. Non-indexed eport form.
12.	Signature of Direc	eter or Officer	

13. Grant Rogers

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

s.817.155, F.S.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DISRUPTIVE GAMES, 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 SEVENTEENTH DAY OF FEBRUARY, A.D.

2022.



Authentication: 202693007

Date: 02-17-22