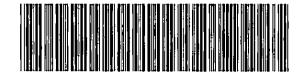
# F32000003089

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
	ty/State/Zip/Phone	<u>, m</u>
(CII	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<del> </del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



300385962813

04/23/22--01013--002 \*\*78.75

2022 APR 29 PM 4:57

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: Nana Te	echnologies, Inc			
<u></u>	Name of corp	oration - n	ust include suffix	
Dear Sir or Nadam:				
"Certificate of Existen	ation by Foreign Corporatice," or "Certificate of Googn government of transact	od Standing	g" and check are subi	et Business in Florida," mitted to register the
Please returnall corres	spondence concerning this	matter to 1	he following:	
Melanie Scoto				
	Na	me of Pers	son	
Nana Technologies, Inc				
	Fir	n/Compan	y .	10.7
409 13th Street, Suite 40	00			
	·	Address		
Oakland, CA 34612				
	City/	State and Z	lip code	
chris.roil@nam.io				
	E-mail address: (to be	used for f	uture annual report n	otification)
For further information	n concerning this matter, p	lease call:		
Chris Roil	at (	3	857-6717	
Name of Pers		a Code	Daytime Teleph	none Number
Registration So Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	r the following amount: ble to: FLORIDA DEPART \$78.75 Filing Fee & Certificate of Statu	: □ \$7	STATE 8.75 Filing Fee & crtified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# 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.

ف	1-1239228	g ousiness in Clorida)
ف		
	intry under the law of which it is incorporated)  (FEI number, if applicable)	
•		
of incorporation)	(Date of duration, if other than perpetual)	
	f. F.S., to determine penalty habili	ty)
	remote additions	<del></del> -
(Frincipal office	street address)	
(Current mailing (	address, if different)	444
_		2022 FAL
t address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Registered Agents Inc.		2022 APR 29 SELFE FAIL
7901 4th St N. STE 300	_	PM 4: 57
St. Petersburg	Florida 33702	F: 5
(City)	(Zip code)	Šw 7
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502  Guite 400 Oakland, CA 94612  (Principal office  (Current mailing a set address of Florida registered agent: (P.O. I Registered Agents Inc.  7901 4th St N. STE 300  St. Petersburg  (City)	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabilistic 400 Oakland, CA 94612  (Principal office street address)  (Current mailing address, if different)  et address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc.  7901 4th St N. STE 300  St. Petersburg  . Florida 33702

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.

(Registered agent's signature)

### DocuSign Envelope ID: 1A30099E-5D3F-44BE-ACD0-5154D2F73242 A. DIRECTORS David Zamir Melanie Scotto Name: □ Chairman □Chairman Name: 409 13th Street, Suite 400 409 13th Street, Suite 400 Address: □ Vice Chairman Address: ☐ Vice Chairman Oakland, CA 94612 Oakland, CA 94612 □ Director ☐ Director President □President □ Vice President \_\_\_\_ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer Chief of Staff & C □Other \_\_\_\_\_ □Other \_\_\_\_ □ Other \_\_\_\_\_ Name: □ Chairman □Chairman. □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director □ Director ☐ President □President □Vice President \_\_\_\_ □ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer □ Other \_\_\_\_\_ □Other □ Other \_\_\_\_\_ □ Chairman □Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □ Director □ Director □President ☐ President □Vice President □ Vice President ☐ Secretary ☐Treasurer ☐ Secretary □ Treasurer

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 roun Ples Ma Department of State Annual Report form.

□Other \_\_\_\_\_

□Other \_\_\_\_

Melanie Scotto

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.

Melanie Scotto

□Other \_\_\_\_\_



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

DELAWARE, DO HEREBY CERTIFY "NANA TECHNOLOGIES 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-THIRD DAY OF MARCH, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 202991559

Date: 03-23-22