F2200003377

(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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2022 MAY 27 PM I: 11

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ALCHARSSEE FLORIDA

RECEIVED

T. LEMIEUX MAY 3 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 712600 7144729						
AUTHORIZATION: Spelledena						
COST LIMIT : \$ 78.75						
ORDER DATE : May 27, 2022						
ORDER TIME : 1:42 PM						
ORDER NO. : 712600-005						
CUSTOMER NO: 7144729						
FOREIGN FILINGS						
NAME: TF TECH VENTURES, INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

COVER LETTER

_	ion of Corporations					
SUBJECT:	TF Tech Ventures, Inc.					
	Name	Name of corporation - must include suffix				
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Stan	ding" and check are sub			
Please return	all correspondence concerr	ning this matter	to the following:			
Josephine Cha	n					
		Name of I	Person			
K&L Gates LI	_P					
		Firm/Com	pany			
4 Embarcadero	Center, Suite 1200					
	•	Addre	rss			
San Francisco.	. CA 94111					
		City/State ar	nd Zip code			
josephine.char	n@klgates.com					
<u></u>	E-mail addres	s: (to be used f	or future annual report n	otification)		
For further in	formation concerning this i	natter, please c	all:			
Josephine Cha	losephine Chan 415 8		882-8098	882-8098		
Nam	e of Person	Area Code		none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following am leck payable to: FLORIDA D ing Fee	EPARTMENT ng Fee &	OF STATE \$78.75 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.

TF Tech Ventu			
	corporation; must include "INCORPORATED, Corp." "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N,"
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)
Delaware	3.	88-2525561	
(State or count	3. ry under the law of which it is incorporated)	(FEI number, if a	pplicable)
February 25, 2	2022 5.	Perpetual	
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
Upon filing			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.13		lity)
4000 N. Federal	Highway, Suite 216, Boca Raton, Florida 3343	1	
	(Principal offi	ice street address)	-
	(Current mailir	ng address, if different)	
			OPES S
. Name and stre	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2022 HAY
Name:	Corporation Service Company		AY.
ffice Address:	1201 Hays Street		27 P
	Tallahassee	Florida <u>32301</u>	17 PM 1:11 EXT OF STATE SEECTE ORIDA
	(City)	(Zip code)	22 <u>-</u>
Registered ag	ent's acceptance:		> -
	ned as registered agent and to accept servi	ce of process for the above state	d corporation at the pla
esignated in this	s application, I hereby accept the appointr	nent as registered agent and agr	ree to act in this capacit
	comply with the provisions of all statutes r r with and accept the obligations of my po		ete performance of my a
<i>j</i>	The same decept the vollganions of my pro-	omination of market against	
(Corporation Service Company $ \mathcal{L}_{i,j} _{i=1}$	ina Robert	
	$_{\rm By:}$	ssistant Vice President	
	(Registered agent's si	ignature)	

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

A. DIRECTORS CA Preston Chairman □ Chairman Name: □ Vice Chairman Address: _____ ☐ Vice Chairman Address: 4000 N. Federal Highway, Suite 216 **■** Director □Director Boca Raton, Florida 33431 President □President □ Vice President □ Vice President Treasurer ■ Secretary □ Secretary □Treasurer □ Other _____ □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: □ Chaiπnan Name: □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director □Director □ President □President □ Vice President _____ □ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other ____ □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 -DocuSigned by: ed to the index when filing your Florida Department of State Annual Report form. (I Preston -492E31217096431 . --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. CA Preston, Chief Executive Officer

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



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

DELAWARE, DO HEREBY CERTIFY "TF TECH 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-SEVENTH DAY OF MAY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TF TECH VENTURES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 203541766

Date: 05-27-22

COVER LETTER

то:	: Registration Section Division of Corporations					
SUBJ	ECT: TF Tech Ventures, Inc.					
30130	Name	of corporation	- must include suffix			
Dear S	iir or Madam:					
"Certif	sclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to the component of the corporation to the	of Good Stand	ding" and check are sub-			
Please	return all correspondence concern	ing this matter	to the following:			
Joseph	ine Chan					
		Name of I	Person			
K&1. C	Gates LLP					
	 .	Firm/Com	pany	-		
4 Emb	arcadero Center, Suite 1200					
	• • =	Addre	SS			
San Fr	ancisco, CA 94111					
	,	City/State ar	nd Zip code			
josephi	ine.chan@klgates.com					
	E-mail address	s: (to be used fo	or future annual report n	otification)		
For fur	ther information concerning this n	natter, please ca	ali:			
Josephine Chanat (415)882-8098Name of PersonArea CodeDaytime		882-8098				
	Name of Person	Area Code	Daytime Teleph	none 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		
Please r	ed is a check for the following ammake check payable to: FLORIDA D .00 Filing Fee	EPARTMENT ag Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy		