F2200004378

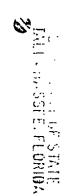
(R∈	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



200389597952

05/24/22--61011--015 ++78.75



EILED

T. LEMIEUX

JUL 15 2022

COVER LETTER

7.

TO: Registration Section Division of Corporations			
·			
SUBJECT: Inhabitr Inc.	must include suffer		
Name of corporation	- must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence." or "Certificate of Good Stan above referenced foreign corporation to transact businesses."	ding" and check are submitted to register the		
Please return all correspondence concerning this matter	to the following:		
Ankur Agrawal			
Name of	Person		
Inhabitr Inc.			
Firm/Con	pany		
Suite # 117 691 S Milpitas Blvd Milpitas CA 95035			
Addr	ess		
Milpitas CA 95035			
City/State a	nd Zip code		
finance@inhabitr.com			
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please of	all:		
Ankur Agrawal 312	508-1179		
Name of Person Area Cod	e Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$\Bigsim \frac{\pi}{2} \fra	OF STATE \$78.75 Filing Fee &		

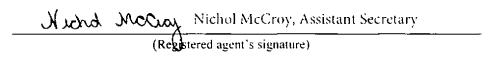
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Inhabitr Inc.						
	orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	ED,	" "COMPANY." "CORPORATION),,"		
(If name unavail	able in Florida, enter alternate corporate nar	me	adopted for the purpose of transact	ing business	in Florida)	
2. Delaware		3	824872078			
	y under the law of which it is incorporated)		(FEI number, if a	applicable)		
4. October 12, 201	7	5.	Perpetual			
	of incorporation)		(Date of duration, if other	r than perpeti	ıal)	
6. October 18, 202	H.					
7. Suite # 117 691 8	(SEE SECTIONS 607.1501 & 607 5 Milpitas Blvd Milpitas CA 95035 (Principal o	7.1; otfi	n Florida, if prior to registration) 502, F.S., to determine penalty liab ice street address)	ility)	2022 J	
8. Name and <u>stree</u> Name: Office Address:	(Current ma et address of Florida registered agent: (I CT Corporation System 1200 South Pine Island Road		ng address, if different) D. Box <u>NOT</u> acceptable)	T. S.S.E. FLORIUM	JUN 24 PH 2: 10	71
	Plantation		. Florida 33324			
	(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.



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.

DocuSign Envelope ID: B30000E6-BFD0-4F7B-BFC9-50CD2F0ACBFD

A. DIRECTORS

□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Ankur Agrawal	□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ 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:	□Chairman	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 individuals may be added to the index when bling your Florida Department of State Annual Report form. 12. Lucur Layawal							
	7719AFEA60BC41D Fignature of Directo	or 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.							
13. Ankur Agrawal (Typed or printed type and capacity of person signing application)							
	(Typed or printed name and capacity of pe	croon organis appareauor	• •				



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

DELAWARE, DO HEREBY CERTIFY "INHABITR, 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-EIGHTH DAY OF MAY, 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 SAID "INHABITR, INC."

WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203547388

Date: 05-28-22