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COVER LETTER

TO:						
SUBJI	ECT:	Origin Platforms, Inc				
0000	D C	Name of corporation - must include suffix				
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	ing" and check are submitt	usiness in Florida," ed to register the	
Please	return :	all correspondence concerning	g this matter t	o the following:		
Jide So	fowora	,				
	·		Name of P	erson		
Origin	Platform	ns, Inc				
			Firm/Comp	pany		
200 2nd	d Ave. 8	South #410				
			Addres	SS		
St. Pete	ersburg,	FL 33701				
			City/State an	d Zip code		
jide@ti	ryorigin					
		E-mail address:	(to be used fo	or future annual report notif	fication)	
For fur	ther in	formation concerning this ma	tter, please ca	11:		
Jide Sofowora		580	9172821			
	Nam	e of Person	Area Code	Daytime Telephon	e Number	
	Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations	
Please	make cl	check for the following amounted payable to: FLORIDA DE ing Fee	PARTMENT Fee &		☐ \$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 unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incorporated) (PEI number, if applicable) 8/17/2022 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 200 2nd Ave. South #410, St. Petersburg, FI. 33701 (Principal office street address) (Current mailing address, if different) Name: Name: Jide Sofowora Jide Sofowora Jide Sofowora Jide Sofowora Florida St. Petersburg Florida Florida Florida (Circola)		•		
Delaware 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 8/17/2022	410			
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 200 2nd Ave. South #410, St. Petersburg, Fl. 33701 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jide Sofowora Jide Sofowora 200 2nd Ave. South #410 St. Petersburg Florida 33701		5.	(D	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 200 2nd Ave. South #410, St. Petersburg, Fl. 33701 (Principal office street address) (Current mailing address, it different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jide Sofowora 200 2nd Ave. South #410 St. Petersburg Florida St. Petersburg Florida 33701	(Date	of incorporation)	(Date of duration, if other	er than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 200 2nd Ave. South #410, St. Petersburg, FI. 33701 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jide Sofowora 200 2nd Ave. South #410 St. Petersburg Florida St. Petersburg Florida 33701		(Data first transpared business in	Florida (Carios to registration)	
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jide Sofowora		(Principal offic	ee <u>street</u> address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jide Sofowora				
Name: Jide Sofowora		(Current mailing	g address, if different)	202
Name: Jide Sofowora				2 OC
ffice Address: 200 2nd Ave. South #410	Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)	
St. Petersburg , Florida 33701	Name:	Jide Sofowora		
St. Petersburg , Florida 33701	CC	200 2nd Ave. South #410		
, Florida	ffice Address:	· · · · · · · · · · · · · · · · · · ·		
(City) (Tingoda)			, Florida	元 2
(City) (Zip code)		(City)	(Zip code)	
	laving been nam	ed as registered agent and to accept service		
aving been named as registered agent and to accept service of process for the above stated corporation at the pla				
aving been named as registered agent and to accept service of process for the above stated corporation at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit				lete performance of my du
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Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	_	(Registered agent's sig	gnature)	

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 Jide Sofowora Name: ___ □ Chairman □ Chairman Name: 200 2nd Ave. South #410 Address: □Vice Chairman □Vice Chairman Address: St. Petersburg, FL 33701 Director □Director □President President □Vice President □Vice President ■ Secretary ■Treasurer □ Secretary □Treasurer □Other_____ □Other □Other □Other Name: ____ Name: □Chaiπnan □Chaiπnan □Vice Chairman Address: _____ □Vice Chairman Address: □Director □ Director □ President □ President □Vice President ☐ Vice President ☐ Secretary ☐ Secretary ☐ Treasurer □Treasurer □Other ____ □Other _____ □Other _____ Other ____ Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President I 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 when filing your Florida Department of State Annual Report form. Signalure 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.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ORIGIN PLATFORMS, 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-SECOND DAY OF SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORIGIN

PLATFORMS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF AUGUST,

A.D. 2022.



Jeffrey W. Busingth, Secretary of State

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