72000007335

(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:						

Office Use Only



400395059184

2022 DEC -5 AH 8: 36

RECEIVED

FALLAHASSEE, FLURIU,

DEC 15 2022 K. Brumbley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 12/05/2022

D	ate:	12/05/2022	- w: () W
		Acc#I20160000072	4. C V
Name:	TurbineOr	ne, Inc.	
Document #:			
Order #:	14660437		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Certifie	Country of Destination: Number of Certs:	
Availability Document Examiner Updater Verifier W.P. Verifier	Plain: COGS:		
Ref#	_		

Thank you!

under the law of which it is incorporated.

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.

1.	TurbineOne, Inc.							
	(Enter name of corpo "Inc.," "Co.," "Corp.	oration; must include "INCORF " "Inc." "Co," or "Corp.")	ORATED," "	COMPANY," "CORPORATION	ON,"			
	(If name unavailable	in Florida, enter alternate corp	orate name ado	pied for the purpose of transact	ting business in Florida)		
2.		Delaware	3	87-241319	97	_		
	(State or country un	ider the law of which it is incor	orated)	87-2413197 (FEI number, if applicable)				
4.	J	uly 14, 2021	5	(Date of duration, if other				
	(Date of i	ncorporation)		(Date of duration, if other	er than perpetual)			
6.								
				Florida, if prior to registration) .S., to determine penalty liabili				
7. 535 Mission Street, Floor 14, San Francisco, CA 94105								
		(P	rincipal office	street address)	2022 C			
		(Cu	rrent mailing a	ddress, if different)	€C - 5	, 유무유 유무유		
8.	Name and street ac	ldress of Florida registered a	igent: (P.O. 1	Box <u>NOT</u> acceptable)		LEO NE		
	Name: _	C T Corporation Sys	tem	_		Ĺ		
O	ffice Address:	1200 South Pine Island	l Road	_	36 36			
		Plantation		. Florida <u>33324</u> (Zip code)				
		(City)	<u> </u>	(Zip code)				
He de fu	signated in this app rther agree to comp	as registered agent and to a olication, I hereby accept th	e appointmer Estatutes rela	of process for the above stat it as registered agent and ag tive to the proper and comp on as registered agent.	gree to act in this cap	acity. I		
			ـمـ ســ	>				
		(Registere	d agent's sign	ature)	<u></u>			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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

DocuSign Envelope ID: EDCDD593-8896-43AB-B958-BF7B8F4286BB

A. DIRECTORS Matthew Amacker lan Kalin □Chairman Name: □Chairman Name: Address: 535 Mission Street Address: 535 Mission Street □ Vice Chairman □Vice Chairman Floor 14 Floor 14 ■ Director ■ Director San Francisco, CA 94105 San Francisco, CA 94105 □President ■ President □ Vice President ___ □ Vice President □Treasurer Treasurer □ Secretary ■ Secretary Chief Executive Officer Other Other _____Other □Other _____ Ross Fubini Name: □Chairman Name: _ □ Chairman 535 Mission Street Address: ___ _ ☐ Vice Chairman □ Vice Chairman Address: Floor 14 ■ Director □Director San Francisco, CA 94105 □President □ President □Vice President □Vice President □ Treasurer □ Treasurer □ Secretary □ Secretary □Other ____ □Other _____ □Other □Other _____ □ Chairman Name: _____ ☐ Chairman Name: _____ □ Vice Chairman Address: ______ □ Vice Chairman Address: Director □Director President □President □Vice President □ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary □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 filing your Florida Department of State Annual Report form. 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. Ian Kalin, President (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TURBINEONE, 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 SECOND DAY OF DECEMBER, 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: 204995289

Date: 12-02-22

6085113 8300 SR# 20224163884