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S. ROBERTS
DEC 0 9 2022

## **COVER LETTER**

~	ion of Corpo					
DIVIS	•	col Inc. (dba ZetaChain)	١			
SUBJECT:						
		Name of corpor	ation - m	ust include suffix		
Dear Sir or M	ladam:					
"Certificate o	f Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact b	Standing	" and check are sub		
Please return : Tad Tobar	all correspon	dence concerning this n	natter to ti	ne following:		
	· · · · · · · · · · · · · · · · · · ·	Nam	ne of Pers	on	<del></del>	
Meta Protoco	ol Inc. (dba Zi					
		Firm	/Compan	y		
Meta Protoco	il Inc. 548 Ma	arket St. PMB 13700	•	•		
			Address			<del></del>
San Francisc	∞, CA 94104					
		City/St	ate and Z	ip code		
accounting@	zetachain.co	m				
		E-mail address: (to be a	ised for fi	uture annual report r	otification)	
For further in	formation co	ncerning this matter, ple	ase call:			
Tad Tobar 8		808	2	284-7600		
NT		at (	) _ Code	Daytime Telepl	hone Mumber	
Nam	e of Person	Area	Code	Daytime Telepi	none inumoer	
STRI	EET/COUR	IER ADDRESS:		MAILING A	DDRESS:	
Registration Section				Registration Section		
Division of Corporations				Division of Corporations		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				P.O. Box 6327 Tallahassee, FL 32314		
	hassee, FL 3			rananassee, r	L J2314	
		following amount:				
	-	: FLORIDA DEPARTM				_
□ \$70.00 Fili	ing Fee [	☐ \$78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & extified Copy	S87.50 Filing Certificate of Certified Cop	f Status &

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.

3	2. F.S., to determine penalty liability)		
3	(FEI number, if applicable)  (Date of duration, if other than perpetual)  Florida, if prior to registration)  2. F.S., to determine penalty liability)		
(Date first transacted business in FSEE SECTIONS 607.1501 & 607.150 ni, FL 33130	(FEI number, it applicable)  (Date of duration, if other than perpetual)  Florida, if prior to registration)  2. F.S., to determine penalty liability)		
(Date first transacted business in F SEE SECTIONS 607.1501 & 607.150 ni, FL 33130	Florida, if prior to registration)		
(Date first transacted business in F SEE SECTIONS 607.1501 & 607.150 ni, FL 33130	Florida, if prior to registration)	 	
(Date first transacted business in F SEE SECTIONS 607.1501 & 607.150 ni, FL 33130	Florida, if prior to registration)	<u>ب</u>	
SEE SECTIONS 607.1501 & 607.150 ni, FL 33130	2. F.S., to determine penalty liability)	۔۔۔	
SEE SECTIONS 607.1501 & 607.150 ni, FL 33130	2. F.S., to determine penalty liability)	ي	
ni, FL 33130	-	Ç	
	<u> </u>	23	
(Principal office		:3 -2	
	e <u>street</u> address)	2022 NOT 2	
		2	
(Current mailing	address, if different)		
		77	
of Florida registered agent: (P.O.	Box NOT acceptable)	ب ن	
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	<del></del>	_	
13th st #1801			
	33130		
	, Florida		
(City)	(Zip code)		
-4			
	a of process for the above stated corporation at th	ee ol	
		•	
The integrated by	·		
Jonathan (	Taving		
	(City)  ptance: istered agent and to accept service on, I hereby accept the appointment the provisions of all statutes reaccept the obligations of my posi-	13th st #1801	

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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A. DIRECTORS  Chairman	Ankur Nandwani Name:	☐ Chairman	Name:				
□Vice Chairman	548 Market St. PMB 13700 Address:	□Vice Chairman	Address:				
<b>⊠</b> Director	San Francisco, CA 94104	Director					
President		President	<del></del>				
□Vice President		□Vice President					
Secretary .	<b>™</b> Treasurer	Secretary		☐ Treasurer			
Founder		Other		□Other			
☐ Director		□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	☐Treasurer			
□ 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 filing your Florida Department of State Annual Report form.  12. 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.  Tad Tobar  13.							



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

DELAWARE, DO HEREBY CERTIFY "META PROTOCOL, 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 NINTH DAY OF NOVEMBER, 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 "META PROTOCOL, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JULY, A.D. 2021.

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

Authentication: 204816481

Date: 11-09-22