Division of Corp.ons

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NASON, YEAGER, GIRSON, WHITE & LICCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax humber : (561)290-1590

Enter the email address for this business entity to be used for future annual report mailings. Inter only one email address please.

EBBIL ADDRESS: DMGMAQONGSONYEAGES. COM

Foreign Limited Liability Company

XXRide Holdings Inc.

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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 unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting business in Flor	ida)		
Delaware	3				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
11/2/2022	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
			:-		
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,				
824 Lake Ave., #	305, Lake Worth, FL 33460	,,	<u>^</u>		
	(Principal office s	ireet address)	—- ~		
824 Lake Ave., t	305, Lake Worth, FL 33460		• •		
	(Current mailing ac	dress, if different)	—		
Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)			
ffice Address:	824 Lake Ave., #305	_			
	Lake Worth (City)	, Florida ³³⁴⁶⁰			
	(City)	(Zip code)			

(Registered agent's signature)

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.

To:

A. DIRECTORS Alex Tannous **UChairman** □Chairman Name: _____ 824 Lake Ave., #305 □Vice Chairman Address: □Vice Chairman Address: Lake Worth, FL 33460 Director Director **≠**President □President ______ □Vice President ∐Vice President ∐Treasurer ■ Secretary Treasurer **∐**Secretary LIOther _____ Other l'IOther____ UCheiman. Name: **⊞Chairman** Name: □ Vice Chairman Address: □Vice Chairman Address: [TDirector Director □ President ☐ President ∐Vice President □ Vice President ____ ☐ Secretary [Treasurer **FISecretary** [Treasurer ElOther____ ∐Other_____ ∐Other ____ ☐Other_____ Name: _____ ☐ Chairman Name: ElChairman LIVice Chairman Address: □Vice Chairman Address: □ Director Director □President □President □Vice President □Vice President □Sceretary 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. 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. Alex Tannous, President

To



Page 1

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

DELAWARE, DO HEREBY CERTIFY "XXRIDE HOLDINGS 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-FIRST DAY OF MARCH, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XXRIDE HOLDINGS INC." WAS INCORPORATED ON THE SECOND DAY OF NOVEMBER, A.D. 2022.

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

Authentication: 202966973

Date: 03-21-23

7120049 8300 SR# 20231082724

You may verify this certificate online at corp.delaware.gov/authver.shtml