## F23000002277

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER				
TO: Registration Section				
Division of Corporations				
SUBJECT: Report To Earn Inc.				
Name (	of corporation - m	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Standing			
Please return all correspondence concerni	ng this matter to t	the following:		
Valentina Lugo				
	Name of Pers	son		
-				
	Firm/Compan	y.		
1007 N Orange St. 4th Floor Suite #1050				
	Address	-		
Wilmington, Delaware 19801				
• • • • • • • • • • • • • • • • • • • •	City/State and 2	Zip code		
agent@firstbase.io	•			
<del>-</del>	s: (to be used for t	uture annual report notification)		
For further information concerning this n	natter inlease calls			
To facility information concerning das in	atter, prease can.			
Valentina Lugo	929	3050668		
Name of Person	Area Code	3050668  Daytime Telephone Number		
STREET/COURIER ADDRES 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 amo	ount:			

Please make check payable to: FLORIDA DEPARTMENT OF STATE ■ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 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.

. .

ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
3	2-0594559	
under the law of which it is incorporated)	(FEI number, if applicable)	
5.		
of incorporation)	(Date of duration, if other than perpetual)	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
Unit 7 Miami Florida 33127		
(Principal off	ice street address)	
(Current mailir	ng address, if different)	
	ng address, if different)  O. Box NOT acceptable)	
	9. Box (NOT acceptable)	
Firstbase Agent LLC		
111 NE 1st St. 8th Floor Suite #88592		
Miami		
(City)	(Zip code)	
	cunder the law of which it is incorporated)  (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1.)  Unit 7 Miami Florida 33127  (Principal off (Current mailing)  t address of Florida registered agent: (P.C.)  Firstbase Agent LLC  111 NE 1st St. 8th Floor Suite #88592  Miami	

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	i e e e e e e e e e e e e e e e e e e e		,		
□Chairman	Name: Aradhya Malhotra	□ Chairman	Name:		
□Vice Chairman	Address: 2701 NW 1st Ave Unit 7	□Vice Chairman	Address:		
Director	Miami Florida 33127	□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	<del></del>		
□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					

sne is aware that false information submitted in a document s.817.155, F.S.

Aradhya Malhotra - Director

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

DELAWARE, DO HEREBY CERTIFY "REPORT TO EARN 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 THIRD DAY OF MARCH, A.D. 2023.



Authentication: 202830099

Date: 03-03-23