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From:

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Fullstack.io, Inc.

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COVER LETTER

	istration Section ision of Corporations			
SUBJECT	Fullstack.io, Inc.			
		of corporation	- must include suffix	
Dear Sir or !	Madam:			
Centificate	d "Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Stand	ing" and check are submi	Business in Florida," itted to register the
Please return	all correspondence concerr	ing this matter t	o the following:	
Erika A. East			Ŭ	
		Name of P	erson	
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11726 Şan Vi	cente Blvd., Suite 480			
		Addres	5	· · · · · · · · · · · · · · · · · · ·
Los Angeles.	CA 90049			
		City/State and	Zip code	
eteam@eminu				
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For further in	formation concerning this m	iatter, please cal	l:	
Erika A. Easte	r	.310	820-1000	
Nam	e of Person	Area Code) Baytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	S:	MAILING ADD Registration Section of Corporation of Corporation of Corporation (Corporation) (Corpora	RESS: on orations
Enclosed is a Please make ch ■ \$70.00 Fili	check for the following amorek payable to: FLORIDA DE ng Fee	EPARTMENT O		3 \$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 upaya	lable in Florida, enter alternate		
Délaware	lable in Florida, enter alternate corporate nam	e adopted for the purpose of tran	sacting business in Florida)
(State or count	Ty under the law of which it is incorporated)	(FEI number,	
	e 8, 2023 5	. (Date of duration, if c	ther than perpetual)
j.	•	(Duro of auration, in t	mer man perpemar)
777 Brickell Ave	(Date first transacted business (SEE SECTIONS 607.1501 & 607. Ste 50096854, Miami, Florida 33131	in Florida, if prior to registration 1502, F.S., to determine penalty I) iability)
		fice street address)	
		ng address, if different)	
		•	. ! :
. Name and stre Name:	(Current maili	•	20
. Name and stre Name:	(Current mailinet address of Florida registered agent: (P. eResident Agent, Inc. 801 US Highway 1	O. Box <u>NOT</u> acceptable)	SECRE
. Name and stre	(Current mailinet address of Florida registered agent: (P. eResident Agent, Inc. 801 US Highway 1	O. Box <u>NOT</u> acceptable)	Z023 JUH 20 SECRETAR
Name and stre Name: Office Address: Registered agilaving been namesignated in this wither agree to c	(Current mailinet address of Florida registered agent: (P. eResidentAgent, Inc. 801 US Highway 1 North Palm Beach	O. Box NOT acceptable) , Florida 33408, Florida (Zip code) ice of process for the above soment as registered agent and relative to the proper and com	agree to 🤃 in 🎞 s capacity. T

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.

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

Name: Sizhao Yang Chairman Name: _____ □ Chairman □Vice Chairman Address: 777 Brickell Ave ☐ Vice Chairman Address: Ste 50096854 Director □ Director Miami, FL 33131 ■President President ☐ Vice President ☐Vice President Secretary ■ Treasurer □Secretary ☐Treasurer □ Other _____ Other _____ □Other_____ Chairman. Name: ☐ Chairman Name: □Vice Chairman Address: ☐Vice Chairman Address: □ Director Director ☐ President President □Vice President UVice President ☐ Secretary ☐ Treasurer Secretary ☐ Treasurer Other _____ Other _____ □ Other _____ ☐ Other _____ □ Chairman Chairman Name: □Vice Chairman Address: □Vice Chairman Address: _____ ☐ Director Director □President ☐ 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. 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

A. DIRECTORS

s.817.155, F.S.

13. Sizhao Yang, President

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FULLSTACK.IO, 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 JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FULLSTACK.IO, INC." WAS INCORPORATED ON THE TWELFTH DAY OF APRIL, A.D. 2013.

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

Authentication: 203593703

Date: 06-21-23