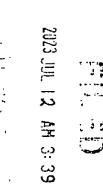
F23000004049

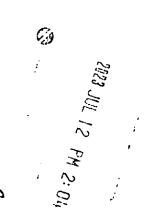
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· -

Office Use Only



000411828580





FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/12/23

NAME: DELOREAN ARTIFICIAL INTELLIGENCE, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	DeLorean Artificial Intelligence	Inc.		
SUBULCT.		corporation	- must include suffix	_
Dear Sir or N	Лаdam:			
"Certificate of		Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.	
Please return	all correspondence concerning	this matter	to the following:	
Lindsey Janco	0			
		Name of I	Person	_
c/o TCF Law	Group, PLLC			_
		Firm/Com	pany	_
21 Pleasant S	treet, Suite 237			
		Addre	SS	_
Newburyport	, MA 01950			
	C	ity/State ar	d Zip code	_
00sev@delor				_
	E-mail address: (t	o be used fo	or future annual report notification)	
For further in	nformation concerning this matte	er, please ca	dl:	
Lindsey Janco	o at	(207	615-4031	
Nan	ne of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: 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	
	t check for the following amoun heck payable to: FLORIDA DEPA ling Fee	RTMENT ee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Statu Certified Copy	s &

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 ad	opted for the purpose of transacting	g business in Florida)	-
DE	3.			_
(State or countr	ountry under the law of which it is incorporated) (FEI number, if applicable)			
3/7/2022	5.			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		-
May 1, 2022				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ty)	
2875 South Ocea	n Blvd, Suite 200-60, Palm Beach FL 33480			
	(Principal office	street address)		
	(Current mailing	address, if different)		
Name and street	et address of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptable)	2023	
Name:	TRAC - The Registered Agent Company)L	
ffice Address:	236 E. 6th Avenue		JUL 12	1.
	Tallahassee	, Florida	A 3:	i i
	(City)	(Zip code)	\cdot \cdot ω	
Dogistared ag	ent's acceptance:		9	
	ent's acceptance. ned as registered agent and to accept service	of process for the above stated	l corporation at the	pla
signated in this rther agree to c	application, I hereby accept the appointme comply with the provisions of all statutes reli with and accept the obligations of my posit	nt as registered agent and agre utive to the proper and complet	e to act in this capa	ıcitj
/s	s/ Brian Smith, Asst. Secretary, TRAC - The F	Registered Agent Company		
_	(Registered agent's sign			
	i Wedictered agent e cian	iature i		

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.

DocuSign Envelope ID: DC4D2312-049A-4DB7-B923-762B75AF8AF7 A. DIRECTORS Severence MacLaughlin Name: □ Chairman Name: _____ □ Chairman 2875 South Ocean Blyd, Address: __ □ Vice Chairman Address: _____ ☐ Vice Chairman Suite 200-60, Palm Beach FL 33480 ☐ Director Director □President ■ President □Vice President ______ □Vice President □Treasurer **■**Secretary Treasurer ☐ Secretary ☐Other _____ ☐ Other Other _____ □Other ____ ☐ Chairman Name: ______ Name: Chairman □Vice Chairman Address: ☐ Vice Chairman Address: Director Director ☐ President □ President □ Vice President □Vice President ______ □ Secretary □Treasurer ☐ Secretary Treasurer □Other _____ □Other ______ □Other ____ □Other _____ Name: _____ ☐ Chairman ☐ Chairman Name: ______ ☐ Vice Chairman Address: □Vice Chairman Address: _____ □ Director Director ☐ President □President □ Vice President □Vice President _____ Treasurer Treasurer ☐ Secretary □ 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. Severence Machanghlin - OAE IROSIACROMAS. .

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.

Signature of Director or Officer

Severence MacLaughlin, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DELOREAN ARTIFICIAL INTELLIGENCE,

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 TWELFTH DAY OF JULY,

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 "DELOREAN

ARTIFICIAL INTELLIGENCE, INC." WAS INCORPORATED ON THE SEVENTH DAY

OF MARCH, A.D. 2022.

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

at corp. delaware.gov/auti

Authentication: 203726362

Date: 07-12-23