F23000004774

| (Requestor's Name) | | | | | |
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| (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: | | | | | |
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Office Use Only



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CECRETATIVE STATE

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February 8, 2023

RICK PAULS 315 DEADERICK STREET SUITE 1550 NASHVILLE, TN 37238

SUBJECT: GOBIQUITY, INC. Ref. Number: W23000017104

We have received your document for GOBIQUITY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

ŧ,

Letter Number: 123A00003052

COVER LETTER

| TO: | | tration Section of Corporation of Co | | | | | |
|--|--------------|--|--|--|------------|-----------------------------------|--|
| SUBJ | ECT: | Gobiquity, Inc | ÷. | | | | |
| 00 | ., | | | f corporation | ı - must | include suffix | |
| Dear S | ir or M | adam: | | | | | |
| "Certif | icate of | f Existence." (| | of Good Stan | iding" ai | nd check are sub | ct Business in Florida." omitted to register the |
| Please | return : | all correspond | lence concernin | g this matter | r to the f | ollowing: | |
| Rick Pa | auls | | | | | | |
| | | | | Name of | Person | | |
| Gobiqu | ity, Inc. | | | | | | |
| | | | | Firm/Con | npany | | |
| 315 De | aderick | St Ste 1550 | | | | | |
| | | | | Addre | ess | | |
| Nashvil | lle, TN | 37238 | | | | | |
| | | | | City/State a | nd Zip c | ode | |
| complia | ance@g | ocheckkids.cor | | | | | |
| ************************************** | | | E-mail address: | (to be used | for futur | e annual report | notification) |
| For fur | ther int | formation con | cerning this ma | itter, please o | all: | | |
| Rick Pa | ck Pauls 866 | | 633- | | | | |
| | Name | e of Person | | Area Cod | e | Daytime Telep | hone 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 | | | |
| Please i | | eck payable to: | following amou FLORIDA DE \$78.75 Filing Certificate of | PARTMENT Fee & - [| 3 \$78.75 | ATE 5 Filing Fee & ied Copy | ☐ \$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.

| | orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.") | COMPANT, COMPONATIO | ,,, | |
|--|--|--|--|--|
| | • | | | |
| | | | | |
| (If name unavail | able in Florida, enter alternate corporate name ad | opted for the purpose of transacti | ing business in Florida) | |
| Delaware | 3. | 5-2569994 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | | |
| July 30, 2013 | 5. | | | |
| (Date | of incorporation) | (Date of duration, if other | r than perpetual) | |
| February 1, 201 | 9 | | | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) | | lity) | |
| 315 Deaderick St | Ste 1550 Nashville, TN 37238 | | | |
| | (Principal office | street address) | | |
| | | | | |
| | | | | |
| | (Current mailing | address, if different) | | |
| | (Current mailing | address, if different) | | |
| Name and stree | (Current mailing et address of Florida registered agent: (P.O. | · | 20 | |
| | _ | · | 2023 A | |
| Name and street | et address of Florida registered agent: (P.O. Lexie Florence | · | 2023 AUG 1 | |
| Name: | et address of Florida registered agent: (P.O. | · | 2023 AUG 1 6 | |
| Name: | et address of Florida registered agent: (P.O. Lexie Florence 12893 Daughtery Dr Winter Garden | Box <u>NOT</u> acceptable) | FILED 2023 AUG 16 AM CECASION SEED | |
| Name: | et address of Florida registered agent: (P.O. Lexie Florence 12893 Daughtery Dr Winter Garden | Box <u>NOT</u> acceptable) | FILED 2023 AUG 16 AM 10: CECAL LARGE STATES TO STATES TO STATES | |
| Name: | Lexie Florence 12893 Daughtery Dr Winter Garden (City) | Box <u>NOT</u> acceptable), Florida | PILED 2023 AUG 16 AM 10: 14 CECOST LARY SEE STATE (ALL ELESSEE FLORE) | |
| Name: Tice Address: Registered ag | et address of Florida registered agent: (P.O. Lexie Florence 12893 Daughtery Dr Winter Garden (City) ent's acceptance: | Box <u>NOT</u> acceptable) , Florida 34787(Zip code) | • | |
| Name: Tice Address: Registered ag | Lexie Florence 12893 Daughtery Dr Winter Garden (City) | Box NOT acceptable) , Florida \(\frac{34787}{(Zip code)}\) of process for the above state | ed corporation at the pl | |
| Name: Tice Address: Registered agiving been names signated in this of the ragree to c | Lexie Florence 12893 Daughtery Dr Winter Garden (City) ent's acceptance: ied as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relatives. | Box <u>NOT</u> acceptable) Florida \(\frac{34787}{(Zip code)}\) of process for the above state at as registered agent and agintive to the proper and complete. | ed corporation at the place ree to act in this capaci | |
| Name: Tice Address: Registered againing been names ignated in this rither agree to c | Lexie Florence 12893 Daughtery Dr Winter Garden (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme | Box <u>NOT</u> acceptable) Florida \(\frac{34787}{(Zip code)}\) of process for the above state at as registered agent and agintive to the proper and complete. | ed corporation at the place ree to act in this capaci | |
| Name: Tice Address: Registered againing been names ignated in this rther agree to c | Lexie Florence 12893 Daughtery Dr Winter Garden (City) ent's acceptance: ied as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relatives. | Box <u>NOT</u> acceptable) Florida \(\frac{34787}{(Zip code)}\) of process for the above state at as registered agent and agintive to the proper and complete. | ed corporation at the place ree to act in this capaci | |
| Name: ffice Address: Registered againing been names ignated in this arther agree to c | Lexie Florence 12893 Daughtery Dr Winter Garden (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relative with and accept the obligations of my positive and accept the obligations of my positive and accept the obligations of my positive accept the accept the obligations of my positive accept the accept the accept the obligations of my positive accept the | Box <u>NOT</u> acceptable) Florida \(\frac{34787}{(Zip code)}\) of process for the above state at as registered agent and agintive to the proper and complete. | ed corporation at the place ree to act in this capaci | |

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]:

DocuSign Envelope ID: 876ED980-85AC-43D2-9432-B9BB67EA664B

| A. DIRECTORS | | | | | | | | |
|--|------------------------------------|------------------|---|--|--|--|--|--|
| ☐ Chairman | Name: | □Chairman | Name: Andrew Bouldin 315 Deaderick St Ste 1550 Address: Nashville, TN 37238 | | | | | |
| □ Vice Chairman | Address: 315 Deaderick St Ste 1550 | □Vice Chairman | | | | | | |
| Director | Nashville, TN 37238 | Director | | | | | | |
| □President | | □President | | | | | | |
| □Vice President | | □ Vice President | | | | | | |
| Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | | |
| Other | Other | □Other | Other | | | | | |
| □ Chairman | Ben Chelf Name: | □ Chairman | David Huang Name: | | | | | |
| □Vice Chairman | 315 Deaderick St Ste 1550 | □Vice Chairman | Address: 315 Deaderick St Ste 1550 Nashville, TN 37238 | | | | | |
| Director | Nashville, TN 37238 | ■Director | | | | | | |
| □President | | □President | | | | | | |
| □Vice President | | □Vice President | | | | | | |
| □Secretary | □Treasurer | □Secretary | □Treasurer | | | | | |
| Other | Other | Other | Other | | | | | |
| □ Chairman | Name: | ∏Chairman | Name: | | | | | |
| □ Vice Chairman | 315 Deaderick St Ste 1550 | | 315 Deaderick St Ste 1550 Address: | | | | | |
| Director | Nashville, TN 37238 | Director | Nashville, TN 37238 | | | | | |
| □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.

, Rick Pauls Secretary/CFO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GOBIQUITY, 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 THIRTEENTH 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 "GOBIQUITY, INC."
WAS INCORPORATED ON THE THIRTIETH DAY OF JULY, A.D. 2013.

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

Authentication: 203695619

Date: 07-13-23