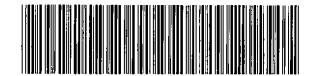


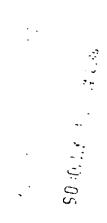
(Requestor's Name)			
(Address)				
(Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			

Office Use Only



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T. LEMEUX AUG 2 1 2023

COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	FULLPRESS Services Co.					
Name of corporation - must include suffix						
Dear Sir or M	adam:					
"Certificate o		f Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.			
Please return	all correspondence concerning	g this matter	to the following:			
Valentina Lugo	o .					
		Name of F	Person			
		Firm/Com				
1007 N Orange	e St. 4th Floor Suite #1050	rimizcom	sany			
		Addre	SS			
Wilmington, C	Delaware 19801					
		City/State an	d Zip code			
agent@firstbas 						
	E-mail address:	(to be used fo	or future annual report notification)			
For further in	formation concerning this ma	tter, please ca	all:			
Valentina Lug	0	929 t (3050668			
Nam	e of Person	Area Code	Daytime Telephone Number			
Regis Divis The (2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amounted payable to: FLORIDA DEling Fee S78.75 Filing Certificate of	PARTMENT Fee & \Box	OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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 unavail:	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busin	ess in Florida)
Delaware		3-2463188	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	:)
l. <u>06/22/2023</u>	5		
(Date	of incorporation)	(Date of duration, if other than per	petual)
j			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
, 166 Geary St. 15t	h Floor 166 San Francisco, California 94108		
	(Principal office	: <u>street</u> address)	
			
	(Current mailing	address, if different)	
,		D. NOT II.	- 53
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	نبر، معر
Name:	Firstbase Agent LLC		•
Office Address:	111 NE 1st St, 8th Floor Suite #88592	<u></u>	
	Miami	, Florida 33132	ATTIU: 05
	(City)	(Zip code)	₹.
Desistant on			. 20
	ent's acceptance: red as registered agent and to accept service	of process for the above stated corpo	oration at the place
lesignated in this	application, I hereby accept the appointme	ent as registered agent and agree to ac	ct in this capacity. I
	omply with the provisions of all statutes rel		
ina i am jaminai	with and accept the obligations of my posi-	non as registerea agent.	
	4 , 4 ,		
	Mad! Milasts (Registered agent's sign		

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.

A. DIRECTORS			
□ Chairman	Name:	■ Chairman	Name: Keenan Zachery Wojnicz
□Vice Chairman	Address:	□Vice Chairman	Address: 166 Geary St. 15th Floor 166
Director	San Francisco, California 94108	Director	San Francisco, California 94108
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
□Chai r man	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	
Director		Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	Other	Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of	nt of State Annual Re	eport form.
	Signature of Director of	or Officer	
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depart		
13. Joseph Rich	nard Taylor - President		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FULLPRESS SERVICES CO." 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-EIGHTH DAY OF JULY, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FULLPRESS

SERVICES CO." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE,

A.D. 2023.

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

Authentication: 203834713

Date: 07-28-23