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| (Address) (Address) | 600413587346 |
| (City/State/Zip/Phone #) | FILED 2003 SEP -1 PM 6: 20 SECRETARY OF STATE STALLAHASSEE. FL |
| Certified Copies Certificates of Status | RECEIVED 2023 SEP - 1 AM 10: 02 TALLAHASSEE, FLOR |
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Incorporating Services, Ltd.

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incser

3500 S DuPont Hiqhway Dover, DE 19901 302.531.0855 Fax: 302.531.3150 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com Jacob Tilley wjtilley@incserv.com 302.531.3150

REQUEST DATE 8/31/2023

850-245-6051

PRIORITY Regular Approval

a second second

OUR REF # (Order ID#) 1175643

ORDER ENTITY______ HEAVE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

HEAVE, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com /

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

| 1. | Heave, Inc. | | |
|----|-----------------------------|------|-----|
| | (Enter name of corporation: | must | inc |

(Enter name of corporation: must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

| Delaware | 3. " | 93-2997550 | | |
|-------------------------------|---|---|--|--|
| (State or count | y under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 08/07/2023 | 5. | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | |
| 08/29/2023 | | | | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 | | | |
| 1421 Bay St. SE | St. Petersburg, FL 33701 | | | |
| | (Dain sign) affin | | | |
| | (rrmcipai office | street address) | | |
| | (irrincipal office | <u>street</u> address) | | |
| | | address, if different) | | |
| | (Current mailing | address, if different) | 51 512 | |
| Name and stre | | address, if different) | SECR | |
| Name and <u>stre</u> Name: | (Current mailing | address, if different) | 2023 SEP - | |
| Name: | (Current mailing et address of Florida registered agent: (P.O. | address, if different) | 2023 SEP - 1 SECRETARY | |
| | (Current mailing et address of Florida registered agent: (P.O. Incorporating Services, Ltd. | address, if different) | 2023 SEP -1 PH 6: 20 SECRETARY OF STATE | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

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.

A. DIRECTORS

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| □ Chairman | Name: <u>Alexander P. Kraft</u> | □Chairman | Name: |
|-----------------|---------------------------------|-----------------|------------|
| □Vice Chairman | Address: 1421 Bay St. SE | □Vice Chairman | Address: |
| Director | St. Petersburg, FL 33701 | Director | |
| President | | DPresident | |
| □Vice President | | □Vice President | |
| Secretary | Treasurer | Secretary | □Treasurer |
| ■Other CEO, CF | ['] O □Other | Other | Other |
| | | | |
| □Chairman | Name: | □Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| Director | | Director | |
| □President | | □President | |
| □Vice President | | □Vice President | |
| □Secretary | | | Treasurer |
| ⊡Other | Other | DOther | Other |
| | | | |
| □Chairman | Name: | □Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| Director | <u> </u> | Director | |
| □President | | DPresident | |
| □Vice President | | □Vice President | |
| □Secretary | Treasurer | Secretary | □Treasurer |
| ⊡Other | Other | D0ther | □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.

61 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 \$.817.155, F.S.

13. <u>Alexander P. Kraft, Chief Executive Officer</u>

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEAVE, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEAVE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF AUGUST, A.D. 2023.

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



Authentication: 204074912 Date: 08-31-23

Page 1

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SR# 20233390501 You may verify this certificate online at corp.delaware.gov/authver.shtml