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SECRETARY OF STATE

2023 SEP 18 PM 2: 2

## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT: FOREIG	N PROFIT CORPORATION REG	GISTRATION REQUEST FO	OR EXTRACOUPON, INC.	
	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existen	tion by Foreign Corporation foce," or "Certificate of Good Stagn corporation to transact busing	inding" and check are subr		
Please return all corres	pondence concerning this matt	er to the following:		
Mario Guillen				
	Name o	f Person		
EXTRACOUPON, INC.				
	Firm/Co	mpany		
301 W BAY ST SUITE	14215			
	Ado	lress		
JACKSONVILLE, FL 3.	2202			
· · ·	City/State	and Zip code		
extracoupon@mystartup				
	E-mail address: (to be used	I for future annual report n	otification)	
For further information	n concerning this matter, please	call:		
Mario Guillen	at (	(650)298-6000		
Name of Pers	on Area Co	ode Daytime Telepl	none Number	
Registration S Division of Co The Centre of	orporations Tallahassee oc Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. FL 32314		
Enclosed is a check fo Please make check payal ☐ \$70.00 Filing Fee	r the following amount: ble to: FLORIDA DEPARTMES  \$78.75 Filing Fee & Certificate of Status	T OF STATE  \$78.75 Filing Fee & Certified 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,	" "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in F	 lorida)	
DELAWARE		30-1208422		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 8/13/2019	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	1	
<sub>7</sub> 301 W BAY ST S	SUITE 14215, JACKSONVILLE, FL 32202	TECRI TAL	7	
		ice street address)	S	
		ng address, if different)	子う	
		into The state of the state of	M 2: 20	
8. Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	0	
Name:	Mario Guillen	<del></del>		
Office Address:	301 W BAY ST SUITE 14215			
	JACKSONVILLE	, Florida		
	(City)	(Zip code)		
designated in this further agree to c and I am familian	ned as registered agent and to accept server application, I hereby accept the appoint comply with the provisions of all statutes of with and accept the obligations of my po-		is capacity. I ce of my duties	
		official having custody of corporate records in the		

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:		
□Vice Chairman	Address: 301 W BAY ST SUITE 14215	□Vice Chairman	Address:		
■ Director	JACKSONVILLE, FL 32202	□Director		<u> </u>	
□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		<del></del>	
□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	
Important Notice: Use an attachment to report more than six to. The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Elorich Vertex tent 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.

, Mario Guillen

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EXTRACOUPON, 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 THIRTIETH DAY OF AUGUST, 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 "EXTRACOUPON, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2019.

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



Authentication: 204069726

Date: 08-30-23