F23000005845

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (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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2023 OCT 10 AH 10: 2:

COVER LETTER

| - | stration Section ion of Corporations | | | | | |
|--|--|-----------------------|---|--|--|--|
| SUBJECT: | Buze Mobile Inc. | | | | | |
| | | of corporation - | must include suffix | | | |
| Dear Sir or M | ladam: | | | | | |
| "Certificate o | "Application by Foreign C f Existence," or "Certifica ced foreign corporation to | te of Good Standi | ng" and check are subn | | | |
| Please return | all correspondence concer | ning this matter to | the following: | | | |
| Michael Conle | e | | | | | |
| | | Name of Po | rson | | | |
| Buze Mobile I | nc. | | | | | |
| | | Firm/Compa | any | | | |
| 8 the Green, S | TE A | | | | | |
| | | Address | S | | | |
| Dover, DE 199 | 901 | | | | | |
| | | City/State and | l Zip code | | | |
| mconlee@buz | | | | | | |
| | E-mail addre | ss: (to be used for | future annual report no | otification) | | |
| For further in | formation concerning this | matter, please cal | 1: | | | |
| Liam Fulling | | at (²⁰² | 434-4152 | | | |
| Nam | e of Person | Area Code | Daytime Teleph | one Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | Registration Se Division of Cor P.O. Box 6327 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| | check for the following an leck payable to: FLORIDA I ing Fee | DEPARTMENT Cong Fee & | 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.

| Buze Mobile Inc | | | | |
|---|---|---|------------------------------|---------------------------------|
| (Enter name of co "Inc.," "Co.," "Co | orporation: must include "INCORPORATED," orp." "Inc." "Co." or "Corp.") | "COMPANY," "CO |)RPORATIC | N." |
| | ble in Florida, enter alternate corporate name ad | onted for the purpos | se of transacti | ing husiness in Florida) |
| D-1 | | | | - |
| · Clate or country | y under the law of which it is incorporated) | (FE | I numban if a | |
| 09/06/2023 | under the law of which it is incorporated) | (FE | i number, ii a | ppticable |
| · —————— | of incorporation) 5 | | | |
| (Date | of incorporation) | (Date of dur | ation, if other | than perpetual) |
| · | | | | |
| | (Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150) | Torida, if prior to re 2, F.S., to determine | gistration) penalty liabi | lity) |
| 8 the Green, STE | A, Dover, Delaware 19901 | | | |
| · | (Principal office | street address) | | |
| | | | | |
| | (Current mailing | address, if different | | |
| | (· · · · · · · · · · · · · · · · · | | ' | |
| Name and stree | t address of Florida registered agent: (P.O. | Box NOT accepts | sble) | |
| | | Don <u>1.01</u> uccepie | .010) | |
| Name: | Registered Agents Inc. | | | - • |
| ffice Address: | 7901 4th Street N, Ste 300 | | | 2023 OCT 10 SELLE ALL |
| | | | | 200 |
| | St. Petersburg | , Florida <u>337</u> | 02 | |
| | (City) | (Zip | code) | 50 O # |
| . Registered age | nt's acceptance: | | | TO AN |
| aving been name | ed as registered agent and to accept service | | | ed corporátion Er he pla |
| esignated in this | application, I hereby accept the appointme emply with the provisions of all statutes rela | nt as registered ag | zent and agi | ree to act in this gapacit |
| | omply with the provisions of all statutes reli with and accept the obligations of my posit | | | ete performance of my a |
| | mun and accept the congunous of my posit | ion us registereu i | agem | |
| | David Rober | ts | | |
| _ | (Registered agent's sign | ature) | - | |
| | | | | |

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 | | | | | | | | |
|--|---|--------------------------|-----------------|--|--|--|--|--|
| □ Chairman | Michael Conlee Name: | □ Chairman | Name: | | | | | |
| □Vice Chairman | 8 the Green, STE A | □Vice Chairman | Address: | | | | | |
| Director | Dover, DE 19901 | □Director | Dover, DE 19901 | | | | | |
| President | | □President | | | | | | |
| □Vice President | | □Vice President | | | | | | |
| □ Secretary | □Treasurer | □ Secretary | Treasurer | | | | | |
| Other | | □Other | | | | | | |
| □Chairman | Name: Aimee Lam Name: 8 the Green, STE A Address: | □Chairman □Vice Chairman | Name: | | | | | |
| Director | Dover, DE 19901 | □ Director | | | | | | |
| □ President | | □ 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 (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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BUZE MOBILE 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 SECOND DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUZE MOBILE INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204283528

Date: 10-02-23

7660623 8300 SR# 20233623871



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section. Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.