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COVER LETTER

	egistration Section vivision of Corpo				
SUBJEC	Seso Inc.				
		Name of corpora	ition - mi	ist include suffix	
Dear Sir o	or Madam:				
"Certifica	te of Existence."	by Foreign Corporation or "Certificate of Good orporation to transact but	Standing [*]	and check are sub	
Please ret	urn all correspon	dence concerning this m	atter to th	e following:	
Cecilia Ox	.ford				
		Nam	e of Perso	on	
Seso Inc.					
		Firm/	Company		
548 Marke	a St. PMB 40370				
-		A	ddress	- -	
San Franci	sco, CA 94104				
		City/Sta	ite and Zi	p code	
cecilia.oxf	ord@sesolabor.co	n			
		E-mail address: (to be u	sed for fu	ture annual report i	notification)
For furthe	r information co	ncerning this matter, plea	ise call:		
Cecilia Ox	cilia Oxford 720 448-0470				
- 1	lame of Person	Area		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 mak	e check payable to	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE .75 Filing Fee & titied Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

DocuSign Envelope ID; BA699F5A-F0C4-4C1F-9006-B19C1D53EBE7

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.

Seso Inc.				
	corporation: must include "INCORPORATED." " corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting b	ousiness in Florida)	
2. Delaware	3.			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. August 6, 2019	5			
(Date	55.	(Date of duration, if other than perpetual)		
6. July 14, 2022				
· ·	(Date first transacted business in Fl (SEE SECTIONS 607,1501 & 607,1502	orida, if prior to registration) , F.S., to determine penalty liability)		
7 323 Pacific Ave.	First Floor, San Francisco, CA 94111			
	(Principal office	street address)		
548 Market St. P	MB 40370, San Francisco, CA 94104			
	(Current mailing a	ddress, if different)	<u>~;</u>	
8. Name and street	et address of Florida registered agent: (P.O. F	Box NOT acceptable)		
Name:	Incorporating Services, Ltd.	_		
Office Address:	1540 Glenway Drive		•	
	Tallahassee	, Florida	د. ب	
	(City)	(Zip code)		

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.

Aryn Taylor /s/ Assistant Secretary on behalf of Incorporating Services, Ltd.

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.

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A. DIRECTORS

Chainnan	Michael Guirguis Name.	□Chairman	Name:			
□Vice Chairman	548 Market St. Address:	□Vice Chairman	Address:			
□Director	PMB 40370	□Director				
□President	San Francisco, CA 94104	□President				
□Vice President		□Vice President				
□ Secretary	☐ Freasurer	☐ Secretary		□Treasurer		
Other	Other	□Other		Other		
□ Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman				
□Director		□Director				
□President		□President				
		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		Other		
□Chairman	Name:	□Chairman	Name:			
	Address.	□Vice Chairman				
□Director		□Director				
□President		— □President				
		□Vice President				
☐ Secretary	□Treasurer	□ Secretary		□Treasurer		
- 	Other	☐Other		□€)ther		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individual server and ded to the index when filing your Florida Department of State Annual Report form. Michael Gurguis 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.

Michael Guirguis, Chairman

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SESO 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 NOVEMBER, 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 "SESO INC." WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 2019.

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

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Authentication: 204573712

Date: 11-13-23

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