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

Office Use Only



800424988008

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.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

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 03/06/2024

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) Renee

ORDER ENTITY MATEYAI, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

MATEYAI, INC.

Please file the attached qualification filing.

NOTES:

\$70.00 Authorized

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.

COVER LETTER

TO:	Registration Se Division of Co					
SURI	MateyAI JECT:	Inc.				
1.5 1.5 1.51		Name	of corporatio	n - must in	clude suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existence		of Good Sta	nding" and	check are sul	nct Business in Florida," omitted to register the
Please Jared		pondence concern	ing this matte	er to the fol	lowing:	
			Name of	Person		
Matey	Al, Inc.					
	• • •		Firm/Cor	npany		
2215	Westlake Drive					
			Addı	ess		
Austir	, TX 78746					
			City/State	and Zip coo	ie	
agent(@siliconlegal.com					
		E-mail addres	s: (to be used	for future	annual report	notification)
For fu	rther information	concerning this n	natter, please	call:		
Jared '	White		281	687-96	86	
	Name of Perso	on	Area Coo		Daytime Telep	shone Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	SS:		MAILING A Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
	sed is a check for 0.00 Filing Fee	the following am S78.75 Filin Certificate	g Fee & - (3 \$78.75 I Certified	Filing Fee & d 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.

MateyAl, Inc.			
(Enter name of co	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	
(If name unavaila	ible in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)
Delaware 2.	3		
(State or countr		(FEI number, if ap	
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
6	(Date first transacted business in F	,	
	(SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) g. F.S., to determine penalty liabili	ty)
	rive, Austin, TX 78746 (Principal	office address)	
	(Current mailing a	address, if different)	2024 MAR SECRET
 Name and <u>stree</u> Name: 	et address of Florida registered agent: (P.O. Incorporating Services, Ltd.	Box <u>NOT</u> acceptable)	- 6 T
Office Address:	1540 Glenway Drive	_	PK 3:
	Tallahassee	32301 , Florida	一一一
	(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.

Renee T. Kent, Assistant Secretary

(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.

11. Names and business addresses of officers and/or directors:

	ECTORS .
SS:	
Cha	irman:
SS:	
or:	Jared White
	2215 Westlake Drive, Austin, TX 78746
	Haniza Khawaja
	2215 Westlake Drive, Austin, TX 78746
	Jared White 2215 Westlake Drive, Austin, TX 78746
res	ident:
SS1	<u> </u>
ary	Lochlan Graham
SS1	2215 Westlake Drive, Austin, TX 78746
	Lochlan Graham
ss:	2215 Westlake Drive, Austin, TX 78746
r.	If management you may attach an addendum to the application listing additional officers and/or directors.

Jared White, Chief Executive Officer

a third degree felony as provided for in s.817.155, F.S.

MateyAI, Inc. - Additional Officers:

- Jared White Chief Executive Officer
- Lochlan Graham Chie Financial Officer

MateyAl, Inc. - Additional Directors:

- Lochlan Graham 2215 Westlake Drive, Austin, TX 78746

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MATEYAI, 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 SIXTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATEYAI, INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 2023.

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

Authentication: 202953486

Date: 03-06-24

7466844 8300 SR# 20240897853