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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	

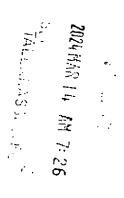
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## **COVER LETTER**

TO: Registration Division o	on Section of Corporations			
SUBJECT: Al2	Incorporated			
	Name of corpor	ration - mus	t include suffix	
Dear Sir or Madan	n:			
"Certificate of Exi	plication by Foreign Corporation stence," or "Certificate of Good foreign corporation to transact b	l Standing"	and check are subm	
Please return all co	orrespondence concerning this n	natter to the	following:	
Micheal Edwards				
	Nan	ne of Persor	1	
Al2 Incorporated				
	Firm	/Company		
1300 Street NW Sui	te 400E			
		Address		
Washington, DC, 20	0005			
	City/S	tate and Zip	code	
taxops+ai2Incorpora	ated@kruzeconsulting.com			
	E-mail address: (to be a	used for futi	ure annual report no	tification)
For further inform	ation concerning this matter, ple	ease call:		
Micheal Edwards	at (	904	327-6952	
Name of		Code	Daytime Telepho	one Number
Registration Division of The Central 2415 N. M.	COURIER ADDRESS: on Section of Corporations e of Tallahassee Monroe Street, Suite 810 de, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	ik for the following amount: bayable to: FLORIDA DEPARTM fee	□ \$78.	TATE 75 Filing Fee & ified 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.

(If name unavail	able in Florida, enter alternate corporate name add		siness in Florida
Delaware	3 87	-2282964	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)
2019-12-16	5		
(Date	of incorporation) 5	(Date of duration, if other than p	perpetual)
10/03/2021			
1300 Street NW 5	Suite 400F	_	
1300 Street NW S	Suite 400E Washington, DC 2000 (Principal office)	Street address)	
1300 Street NW S	Suite 400E Waskington, DC 2000 (Principal office)	street address)	
1300 Street NW S	(Principal office	street address) ddress, if different)	SE TALL
Name and stree	(Principal office) (Current mailing a et address of Florida registered agent: (P.O. E	ddress, if different)	St. ALL HASSE
	(Current mailing a	ddress, if different)	Si ALL ANSSELL
Name and stree	(Principal office) (Current mailing a et address of Florida registered agent: (P.O. E	ddress, if different)	7: 26
. Name and stree	(Current mailing a et address of Florida registered agent: (P.O. E	ddress, if different)	

### 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 Micheal Edwards Benjamin Harvey □ Chairman □ Chairman 1300 Street NW Suite 400E 1300 Street NW Suite 400E ☐ Vice Chairman Address: ☐ Vice Chairman Address: Washington, DC, 20005 Washington, DC, 20005 Director Director □President □President □ Vice President ☐ Vice President □ Treasurer □ Secretary □ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman Name: \_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐Vice Chairman Address: □Director □ Director □President □ President □Vice President □Vice President □Treasurer □ Secretary □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □Chairmaл Name: □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □Director □ Director □President □President □Vice President □Vice President □ Secretary ☐'Treasurer ☐ Secretary ☐ Treasurer □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, Micheal (dwards 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. Micheal Edwards, CFO.



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

DELAWARE, DO HEREBY CERTIFY "AI2 INCORPORATED" 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 FIRST DAY OF FEBRUARY, A.D. 2024.

Authentication: 202723701

Date: 02-01-24