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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | |
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CORPORATE

When you need ACCESS to the world

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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COVER LETTER

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| SUBJ | ECT: | Bizi Inc. | | |
| 5020 | 2011 | Name | of corporation | - must include suffix |
| Dear S | Sir or M | adam: | | |
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| Please | return | all correspondence concern | ing this matter | to the following: |
| Stephe | Registration Section Division of Corporations JECT: Bizi Inc. Name of corporation - must include suffix Sir or Madam: Inclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." ifficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida. The return all correspondence concerning this matter to the following: The carroll Name of Person Salderton & Markiles LLP Firm/Company Ventura Blvd., FL 20 Address The Company City/State and Zip code Spizintotivates com E-mail address: (to be used for future annual report notification) In their information concerning this matter, please call: Fulginiti Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | | | Name of I | erson |
| Stubbs | Alderto | n & Markiles LLP | | |
| | | | Firm/Comp | pany |
| 15260 | Ventura | Blvd., FL 20 | | |
| | | | Addre | SS |
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| Katc@ | bizimot | vates.com | | |
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| For fur | ther inf | Cormation concerning this n | natter, please ca | II: |
| Kate F | ulginiti | | at (217 | 414-3885 |
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| | Regist Divisi The C 2415 | ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 | | Registration Section Division of Corporations P.O. Box 6327 |
| Please r | | check for the following amoved payable to: FLORIDA DI ng Fee | EPARTMENT (g Fee & □ | DF STATE \$78.75 Filing Fee & Certified Copy Certified Copy 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 ac | dopted for the purpose of transacting busing | ess in Florida) |
|--|--|--|--|
| DF | | | |
| (State or country under the law of which it is incorporated) | | 99-1832988 (FEI number, if applicable) | |
| 02/29/2024 | | | |
| (Date of incorporation) 5. | | (Date of duration, if other than per | rpetual) |
| 03/01/2024 | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | | ··· |
| 1639 Lorimier Ro | f, Jacksonville, FL 32207 | | |
| | (Principal office | e <u>street</u> address) | |
| | | | |
| | (Current mailing | address, if different) | |
| Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | - 1 |
| | Kate Fulginiti | <u> </u> | 024 HAR 26 PH |
| Name: | 1639 Lorimier Rd | | 1. THE STATE OF TH |
| | | | |
| | Jacksonville | , Florida 32207 | |
| Name: Office Address: | Jacksonville (City) | , Florida 32207 (Zip code) | |
| ffice Address: | | . Florida 32207 (Zip code) | PH 5: 51 |
| ffice Address: Registered agaving been nam | Jacksonville (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme | of process for the above stated corpo | . ಛ <u>್ರ</u> pration at the plac |

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.

(Registered agent's signature)

DocuSign Envelope ID: 50DDFE90-4D86-42F8-A6F4-BB537C9CB67E A. DIRECTORS Name: Jack Gibson Kate Fulginiti Chairman □ Chairman 1639 Lorimier Rd Address: 1639 Lorimier Rd □ Vice Chairman □ Vice Chairman Address: _ Jacksonville, FL 32207 Jacksonville, FL 32207 ■ Director Director □ President □ President □Vice President ☐ Vice President ☐ Secretary ☐Treasurer **■**Secretary ☐ Treasurer Other CFO Other COO 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 □ 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 _ 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. Kate Fulginiti 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.

Kate Fulginiti



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

DELAWARE, DO HEREBY CERTIFY "BIZI 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 FIFTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIZI INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF FEBRUARY, A.D. 2024.

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



Authentication: 203040280

Date: 03-15-24