F24000001697

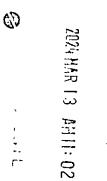
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800425581248

03/13/24--01014--012 **78.75





COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Idrive Global, Inc.					
	ame of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreig "Certificate of Existence," or "Certif above referenced foreign corporation	icate of Good Stan	ding" and check are submit			
Please return all correspondence con	cerning this matter	to the following:			
Sean O'Neil					
	Name of I	Person	<u>. </u>		
Idrive Global, Inc.					
	Firm/Com	pany			
249 N. Turnpike Rd.					
	Addre	ess			
Santa Barbara, CA 93111					
	City/State ar	nd Zip code			
kelli@idriveglobal.com					
E-mail ad	dress: (to be used f	or future annual report noti	fication)		
For further information concerning the	his matter, please c	all:			
Kelli O'Neil	805 at (3086094			
Name of Person	Area Code	Daytime Telephor	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
-	A DEPARTMENT		☐ \$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.

i		Idrive Global,	inc.				
(Enter name of corp	oration; must include "INCo," "Inc," "Co," or "Corp.")	ORPORATED," "	COMPANY,"	"CORPORATIO)N,"		
(If name unavailable	e in Florida, enter alternate c	corporate name ado	pted for the pu	rpose of transacti	ing business	in Florida)	_
•	Delaware	3	36-4713603				
(State or country u	nder the law of which it is in	ncorporated)	(FEI number, if applicable)				_
	10/28/2011	5					
(Date of	incorporation)		(Date of duration, if other than perpetual)				_
·							_
	(Date first transa (SEE SECTIONS 607	cted business in Flor 7.1501 & 607.1502,	orida, if prior i , F.S., to deteri	to registration) nine penalty liabi	lity)		
	249 N. Turn	pike Rd., Santa E	Barbara, CA 9	3111			
		(Principal office s	street address)	ı	-	-	_
. Name and <u>street a</u> Name:	address of Florida register Cogency Glot	•	Sox <u>NOT</u> acc	eptable)	QD.	2021	
Office Address:	115 North Calhoun S	Street, Suite 4	_			2024 HAR 13	د ترب ا
	Tallahassee,	Florida	. Florida	32301	;	3	Para.
-	(City)	-	-	32301 (Zip code)	į"	AHI	
. Registered agent	e's acceptance: as registered agent and t	to consult gameins	o Canadaga Co		: 	••	endered by the second
lesignated in this ap urther agree to com	as registerea agent and toplication, I hereby acceptly with the provisions of the and accept the obligation	t the appointmen f all statutes rela	t as registere tive to the pr	ed agent and ag oper and compl	ree to act i	n this cap	acity.
	Me	areena Viva	rs				
	(Dami	stered agent's signa					

under the law of which it is incorporated.

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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A DIBLICTORS							
A. DIRECTORS	Sean O'Neil	Chalaman.	Mark Fir	ndley			
□Chairman	249 N. Turnnike Rd	□Chairman	240 N. Turnnika Rd				
□Vice Chairman	Address:Santa Barbara, CA 93111	□Vice Chairman	Address: Santa Barbara,	CA 93111			
□Director		□Director					
President		□President					
□Vice President		☐ Vice 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			
□Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman					
Director		□ Director	- Hadi Coo				
□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	r 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

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

DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION

OF "IDRIVE GLOBAL, INC.", WAS RECEIVED AND FILED IN THIS OFFICE THE

ELEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION

REMAINS A DOMESTIC CORPORATION ON OUR RECORDS BUT HAS FAILED TO

FILE THE ANNUAL FRANCHISE TAX REPORT AND PAY THE FRANCHISE TAXES

CURRENTLY DUE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDRIVE GLOBAL, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JULY, A.D. 2022.

Authentication: 202941887

Date: 03-04-24