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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ZeroDivide Ai Inc.				
	f corporation - n	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standin	g" and check are subm		
Please return all correspondence concernir	ng this matter to	the following:		
Valentina Lugo			∏	
	Name of Per	son		
	Firm/Compar	ny		
1007 N Orange St. 4th Floor Suite #1050				
	Address			
Wihnington Delaware 19801				
	City/State and	Zip code		
agent@firstbase.io				
E-mail address:	(to be used for t	future annual report no	tification)	
For further information concerning this ma	atter, please call:			
Valentina Lugo at (9293050668				
Name of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Enclosed is a check for the following amo Please make check payable to: FLORIDA DE	EPARTMENT OF			
■ \$70.00 Filing Fee □ \$78.75 Filing Certificate o		78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

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! ZeroDivide Ai Inc. 1. (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) 5. (Date of duration, if other than perpenual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 850 Harold Ave Atlanta Georgia, 30316 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Firstbase Agent LLC Name: 111 NE 1st St, 8th Floor Suite #88592 Office Address: Miami (City) 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 um fumiliar with and accept the obligations of my position as registered agent.

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

A. DIRECTORS				.	
Chairman	Name: Bradley Dick	□Chairman	Name:		
□Vice Chairman	Address: 850 Harold Ave	□Vice Chairman	Address:		
Director	Atlanta Georgia, 30316	□Director			
President		□President			
□Vice President		□Vice President			
Secretary	☐ Treasurer	☐ Secretary		□Trea	surer
CEO CEO	Other	□Other		□ОтЬ	<u> </u>
□ Chairman	Name:	□Chairman	Name:]
□Vice Chairman	Address:	□Vice Chairman	Address:	ļ	1
Director		Director			1
□President		☐ President			1
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary		□Tre	surer
□ Other	□ Other	Other		Oth	
□Chairman	Name:	☐ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		1
□Director		□Director			<u> </u>
□President		□President			1
□Vice President		□Vice President			
Secretary	☐ Treasurer	□ Secretary		□Trea	 surer }
Other	Other	Other		□Оњ	
	Use an attachment to report more than six (6) The attace added to the index when filing your Florida Department	nt of State Annual Re		rposes o	nly. Non-indexed
12	Signature of Director of	<i>γ</i> '	<u> </u>		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	11 above) affirms th			
	(Typed or printed name and canacity of perso	n signing application	<u> </u>		ii

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ZERODIVIDE AI 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 FIRST DAY OF APRIL, A.D. 2024.

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

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

Authentication: 203155718

Date: 04-01-24

3152866 8300 SR# 20241213233

You may verify this certificate online at corp.delaware.gov/authver.shtml