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Name:	776 Starting	Line Inc.	
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Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	78.75	

Thank you!

COVER LETTER

TO:	Registration Section Division of Corporation				
SUBJ	IECT:	776 Starting Line	e Inc.		
		Name of corporation		st include suffix	
Dear S	Sir or Madam:				
`Certi	ficate of Existence,"	by Foreign Corporation fo or "Certificate of Good Sta orporation to transact busin	ınding`ʻ	and check are sub-	
Please	return all correspon	dence concerning this matt	er to the	e following:	
Dia	ne Cassinelli				
		Name o	f Perso	n	
c/o [Proskauer Rose LLP				
	···	Firm/Co	mpany		
One	International Place,	22 Floor			
	-	Add	lress		
Bos	ston, MA 02110				
		City/State	and Zip	code	
dcas	sinelli@proskauer.d				
		E-mail address: (to be used	l for fut	ure annual report n	otification)
For fu	rther information co	ncerning this matter, please	call:		
Dia	ne Cassinelli	at (617)	526-9600	
	Name of Person	Area Co	de	Daytime Telepl	hone Number
	STREET/COURI Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6322 Tallahassee, F	ection orporations
Please	• •	: FLORIDA DEPARTMEN	조 \$78.	TATE 75 Filing Fee & tified Copy	S87.50 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.

776 Starting Lin	e Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPAN	iy," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the	ne purpose of transacting b	ousiness in Florida
Delaware	3.			
(State or country	y under the law of which it is incorporated)		(FEI number, if appli	cable)
May 20, 2024	5.			
(Date	of incorporation)	(Da	ite of duration, if other tha	n perpetual)
May 20, 2024				
6671 W. Indianto	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)			1
5071 W. Hidianto	wn Road Suite 50-420 Jupiter, Florida 33458 (Principal offic	ce <u>street</u> add	ress)	
	(Current mailing	g address, if	different)	2024111
Name and stree	<u>et address</u> of Florida registered agent: (P.O	. Box <u>NO</u> T	_acceptable)	• •
Name:	C T Corporation System			28 1
ffice Address:	1200 South Pine Island Road			ER —
	Plantation	FL	33324	: 23
	(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.

By: John Flynn 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.

DocuSign Envelope ID: 033312B1-0313-4CC1-B2D8-D501B6552D4B

A. DIRECTORS. Alexis Ohanian □ Chairmah □ Chairman Name: 6671 W. Indiantown Road Suite 50-420 □ Vice Chairman Address: □Vice Chairman Address: Jupiter, Florida 33458 ☑ Director □ Director □ President □President □Vice President ______ ☐ Vice President □Treasurer □ Secretary □ Treasurer ☐ Secretary □Other ____ □Other _____ □Other □Other Christopher Vanzetta Name: □ Chairman □ Chairman 6671 W. Indiantown Road Suite 50-420 □Vice Chairman Address: _ ☐ Vice Chairman Address: Jupiter, Florida 33458 ☑ Director □ Director □ President □President □Vice President □Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ □Other __ □Other ____ □Chairman Name: _____ □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: ☐ Director □ Director □President ☐ President □Vice President _____ ☐ Vice President ☐Treasurer □ Secretary ☐ Treasurer ☐ Secretary □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. 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.

Chrisotpher Vanzetta, Vice President

Page 1



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

DELAWARE, DO HEREBY CERTIFY "776 STARTING LINE 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2024.

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

Authentication: 203567280

Date: 05-28-24

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