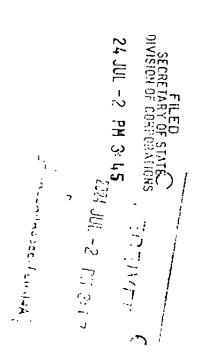
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(Requestor's Name)	
(Address)	
(Address)	_
(//dd/033)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(December Museban)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_
Special instructions to riming Officer.	





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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (851) 656-4724

DATE 07/02/2024	_		⇔WALK IN
ENTITY NAME Happil	Nest.Al, Inc.		···
DOCUMENT NUMBER			
	PLEASE FILE	THE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status	•	
	Certified Copy of Ar Certificate of Good		····
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TTION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$70		ACCOUNT #: 120160000072	
Please call Tina at a	the above number ko	r any issues or concerns. Thank you so	much!

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 unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business i	n Florida)	
2. Delaware	y under the law of which it is incorporated)	99-3448363		
(State or countr 6/5/2024				
(Date of incorporation)		(Date of duration, if other than perpetu	al)	
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration) 2. F.S., to determine penalty liability)		
7. 433 Central Aven	ue, Suite 400, St. Petersburg, Ft. 33701 (Principal office	street address)		
8. Name and stree	(Current mailing t address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	24 JUI	SECK SOISTAR
Name:	Incorporating Services, Ltd.		-2	OF CO
Office Address:	1540 Glenway Drive	_	PH 3	ESCAR SE
	Tallahassee (City)	, Florida <u>32301</u> (Zip code)	<u>ស</u> 	SHUDAS ME
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	nt as registered agent and agree to act in ative to the proper and complete performa	this capaci	ity. T

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 Erivelope ID: B6850711-954B-4687-B0A4-B30B7894DE50 A. DIRECTORS Name: Steven Siu San Eng Name: Curtis Mo □ Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: 433 Central Avenue, Suite 400 433 Central Avenue, Suite 400 **■**Director Director St. Petersburg, FL 33701 St. Petersburg, FL 33701 President □President □Vice President □ Vice President □ Treasurer Treasurer ☐ Secretary ■ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: Shehab Ismail Name: ____ Nipun Dubey □ Chairman □ Chairman □ Vice Chairman Address: □ Vice Chairman Address: 433 Central Avenue, Suite 400 433 Central Avenue, Suite 400 □Director □ Director St. Petersburg, FL 33701 St. Petersburg, FL 33701 □President □President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer ■Other __ ■Other _ ■Other <u>CPO</u> □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 _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed indicated by the following the following the control of the following the fo I to the index when filing your Florida Department of State Annual Report form.

—C63C4356E0284DF _____

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.

Steven Siu San Eng, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HAPPINEST.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 SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAPPINEST.AI, INC." WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2024.

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

Authentication: 203847180

Date: 07-02-24