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PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
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JUL 17 2024

COVER LETTER

TO:		tration Section on of Corporations					
SUBJI	FCT:	Stakeholder Labs, Inc.					
., O D., I		Name of corporation - must include suffix					
Dear Si	r or M	adam:					
"Certifi	icate of		Good Stanc	Authorization to Transact Business in Florida," ding" and check are submitted to register the s in Florida.			
Please 1	return a	all correspondence concerning	this matter	to the following:			
Matt Jo	anou						
			Name of I	Person			
Stakeh	older L	abs					
			Firm/Com	pany			
8605 S	anta M	lonica Blvd PMB 42027					
		•	Addre	ss			
West H	lollywo	od, CA 90069					
_			City/State ar	ad Zip code			
ops@s	takeho	lderlabs.com					
		E-mail address: (t	o be used f	or future annual report notification)			
For furt	ther in	formation concerning this matt	er, please c	ıll:			
Matt Jo	anou	at	305	306-4879			
	Nam	e of Person	`Area Code	Daytime Telephone Number			
	Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	nake ch	check for the following amount eck payable to: FLORIDA DEP, ang Fee \$78.75 Filing For Certificate of S	ARTMENT	OF STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

1.	Stakeholder Labs, Inc.					
	(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	." "COMPANY," "CORPORATION"	ON."		
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)		
2.	Delaware	3.	873612982			
4.	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
(Date of incorporation) 10/03/2023			(Date of duration, if other than perpetual)			
7.	3015 Main St #3	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liab	oility)		
٠٠.			ice street address)			
	8605 Santa Mo	nica Blvd PMB 42027, West Hollywood, C	A 90069			
		(Current maili	ng address, if different)	2024 JUL		
8.	Name and street	et address of Florida registered agent: (P.)	O. Box <u>NOT</u> acceptable)			
	Name:	Corporation Service Company		2 7		
O	ffice Address:	1201 Hays Street				
		Tallahassee	, Florida	ILED II HH III II		
		(City)	(Zip code)	1.1		

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.

Corporation Service Company

By: Lee Nickel | 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.



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

DELAWARE, DO HEREBY CERTIFY "STAKEHOLDER LABS 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 TENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STAKEHOLDER LABSING." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D.
2021.

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



Authentication: 203670666

Date: 06-10-24