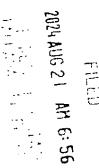
F240000014425

(F	Requestor's Name)	
	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	
1		

Office Use Only

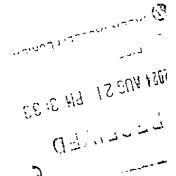


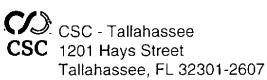
600434529646





713 2 1 2924 .c. Brumbley





850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 08/21/24 Order #: 1600545-1 Re: Gritwell Inc.

Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

I2000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Gritwell Inc.				
30D0EC1.	corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	Good Stan	ding" and check are sub	et Business in Florida." mitted to register the	
Please return all correspondence concerning Chelsea Rowe	this matter	to the following:		
-	Name of	Person		
Griwell Inc.				
	Firm/Com	pany		
2861 Webster Street				
	Addro	ess		
San Francisco, CA 94123				
	City/State a	nd Zip code		
chelsea@grit-well.com				
E-mail address: (1	o be used f	or future annual report n	otification)	
For further information concerning this matt	er. please c	all:		
Mathew Auric at (805) 66		, 669- 7007	69- 7007	
Name of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please make check payable to: FLORIDA DEPA \$70.00 Filing Fee	ARTMENT ce & \Box	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$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.

"Inc" "Co" "	corporation; must include "INCORPORATEI Corp." "Inc," "Co," or "Corp.")		
(If name unava	lable in Florida, enter alternate corporate nam	e adopted for the purpose of transact	ting business in Florida)
Delaware	•	\	
(State or coun	ry under the law of which it is incorporated)	G(FEI number, if a	applicable)
2/1/2019	5	Perpetual	
(Dat	e of incorporation)	(Date of duration, if othe	r than perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	ility)
2861 Web	ster Street San Francisco		
_		ffice street address)	
	•	nec <u>street</u> address)	
		<u> </u>	
		ing address, if different)	
Name and stre	(Current mail	ing address, if different)	21
		ing address, if different) O. Box NOT acceptable)	2024 A
Name:	(Current mail et address of Florida registered agent: (P. Corporation Service Comp	ing address, if different) O. Box NOT acceptable)	2024 AUG 2
Name:	(Current mail et address of Florida registered agent: (P. Corporation Service Comp	ing address, if different) O. Box NOT acceptable) any	2024 AUG 21
Name:	(Current mail et address of Florida registered agent: (P. Corporation Service Composition 1201 Hays Street Tallahassee	ing address, if different) O. Box NOT acceptable)	
Name:	(Current mail et address of Florida registered agent: (P. Corporation Service Comp. 1201 Hays Street	ing address, if different) O. Box NOT acceptable) any	AH 6:
Name:	(Current mail et address of Florida registered agent: (P. Corporation Service Comp 1201 Hays Street Tallahassee (City)	ing address, if different) O. Box NOT acceptable) eany . Florida 32301	2024 AUG 2 1 AM 6: 56
Name: ffice Address: Registered agaving been nan	(Current mail et address of Florida registered agent: (P. Corporation Service Comp 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept service	ing address, if different) O. Box NOT acceptable) any Florida 32301 (Zip code)	AH 6: 56
Name: ffice Address: Registered agaving been nan signated in this	(Current mail et address of Florida registered agent: (P. Corporation Service Comp 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept server application, I hereby accept the appoint	ing address, if different) O. Box NOT acceptable) any Florida 32301 (Zip code) rice of process for the above state ament as registered agent and agent	AH 6: 55 cd corporation at the place to act in this capacit
Name: ffice Address: Registered ag aving been nan signated in this rther agree to c	(Current mail et address of Florida registered agent: (P. Corporation Service Comp 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept server application, I hereby accept the appoint comply with the provisions of all statutes	ing address, if different) O. Box NOT acceptable) any Florida 32301 (Zip code) rice of process for the above state ment as registered agent and agreelative to the proper and comple	AH 6: 55 cd corporation at the place to act in this capacit
Name: Tice Address: Registered ag tving been nan signated in this rther agree to c	(Current mail et address of Florida registered agent: (P. Corporation Service Comp 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept server application, I hereby accept the appoint	ing address, if different) O. Box NOT acceptable) any Florida 32301 (Zip code) rice of process for the above state ment as registered agent and agreelative to the proper and comple	AH 6: 55 cd corporation at the place to act in this capacit
Name: ffice Address: Registered ag aving been nan signated in this rther agree to co d I am familian	(Current mail et address of Florida registered agent: (P. Corporation Service Comp 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept server application, I hereby accept the appoint comply with the provisions of all statutes	ing address, if different) O. Box NOT acceptable) any Florida 32301 (Zip code) rice of process for the above state ment as registered agent and agreelative to the proper and comple	AH 6: 55 cd corporation at the place to act in this capacit
Name: ffice Address: Registered ag aving been nan esignated in this orther agree to co and I am familian	(Current mail et address of Florida registered agent: (P. Corporation Service Comp 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes with and accept the obligations of my particles.	ing address, if different) O. Box NOT acceptable) Pany O. Florida 32301 (Zip code) Price of process for the above state ament as registered agent and agreelative to the proper and completosition as registered agent.	AH 6: 55 cd corporation at the place to act in this capacit

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.

A. DIRECTORS						
■Chairman .	Name: Chelsea Rowe	□Chairman	Name:			
□Vice Chairman	Address: 2861 Webster Street	□ Vice Chai⊓nan	Address:			
□Director	San Francisco, CA 94105	□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	Nama			
	Address:		Name:			
□Director		□ Director	Address:			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	□Other	□Other	Other			
Important/Notice: U individuals may be a	se an attachment to report more than six (6). The idded to the index when filing your Florida Depa	attachment will be imaged rtment of State Annual Rep	for reporting purposes only. Non-indexed ort form.			
Signature of Director or Officer						
she is aware that fals s.817.155, F.S. Chelsea Row	or signing this document (and who is listed in nuse information submitted in a document to the De	mber 11 above) affirms tha partment of State constitute	t the facts stated herein are true and that he or es a third degree felony as provided for in			
13.						



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

DELAWARE, DO HEREBY CERTIFY "GRITWELL 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-FIRST DAY OF AUGUST, 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 "GRITWELL INC."

WAS INCORPORATED ON THE FIRST DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 204213002

Jeffrey W. Bulleck, Secretary of State

Date: 08-21-24