

F24000005274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

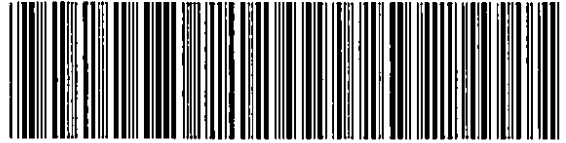
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000437638870

2024 OCT -9 PM 5:32

RECEIVED
2024 OCT -9 PM 2:03
TALLAHASSEE, FLORIDA

OCT 09 2024
K Brumby

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/09/2024

Acc#I20160000072

en: c DW

Name:	Spare Labs Inc.
Document #:	
Order #:	15909197

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

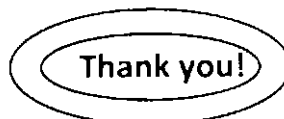
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spare Labs Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Adrian Pidor

Name of Person

Spare Labs Inc.

Firm/Company

815 W Hastings Street, Suite 810

Address

Vancouver, British Columbia, V6C 1B4, Canada

City/State and Zip code

adrian.pidor@spare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian Pidor

at (236) 360-5598

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

1. Spare Labs Inc.

(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)

2. Canada

(State or country under the law of which it is incorporated)

3. N/A

(FEI number, if applicable)

4. November 3, 2015

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 815 W Hastings Street, Suite 810, Vancouver BC V6C 1B4, Canada

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

FL

33324

(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.

C T Corporation System

By: Olga Hinkel

Olga Hinkel, Vice President

(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.

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: Alexey Indeev
☐ Vice Chairman Address: 6595 Willingdon Avenue
☒ Director Burnaby BC V5H 4E5, Canada
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Technology Officer ☐ Other _____

☐ Chairman Name: Joshua Philip Andrews
☐ Vice Chairman Address: 2-2145 West 2nd Avenue
☒ Director Vancouver BC V6K 1H6, Canada
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Operating Officer ☐ Other _____

☐ Chairman Name: Kristoffer Vik Hansen
☐ Vice Chairman Address: 301-2350 West 1st Avenue
☒ Director Vancouver BC V6L 1G2, Canada
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: Kazuaki Nakagawa
☐ Vice Chairman Address: 6-1 Marunouchi 2-Chome
☒ Director Chiyoda-ku, Tokyo 100-8086 Japan
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Hugues Lalancette
☐ Vice Chairman Address: 3767 Sewell Street
☒ Director Montreal QC H2W 1W1 Canada
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Kristoffer Vik Hansen
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.

13. Kristoffer Vik Hansen, Chief Executive Officer
(Typed or printed name and capacity of person signing application)



Certificate of Compliance

Canada Business Corporations Act
s. 263.1

Certificat de conformité

Loi canadienne sur les sociétés par actions
art. 263.1

SPARE LABS INC.

Corporate name / Dénomination sociale

949887-7

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above:

- exists under the *Canada Business Corporations Act*;
- has filed the required annual filings; and
- has paid all required fees.

JE CERTIFIE, par la présente, que la société
susmentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a effectué les dépôts annuels exigés; et
- a acquitté les droits requis.

Hantz Prosper

Director / Directeur

2024-10-08

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)