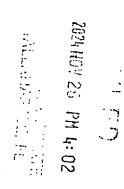
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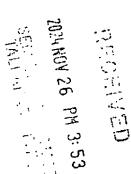
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T. LEMIEUX NOV 2 6 2024



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Last Country Inc			
., ., .,		of corporation	- must include suffix	
Dear Si	ir or Madam:			
"Certifi	closed "Application by Foreign Collicate of Existence," or "Certificate referenced foreign corporation to transfer	of Good Stand	ding" and check are sub-	
Please	return all correspondence concerni	ng this matter	to the following:	
Annabe	el Scott			
		Name of F	Person	<u>.</u>
Last Co	ountry Inc			
		Firm/Com	pany	
3496 L	akeside Drive #1115			
	-	Addre	SS	
Reno, N	NV 89509			
		City/State ar	nd Zip code	
annabel	@tenetwork.com			
	E-mail address	: (to be used fo	or future annual report n	otification)
For fur	ther information concerning this ma	atter, please ca	all:	
annabel@tenetwork.com 805		805 at (835-3631	
	Name of Person	Area Code		hone Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please n	ed is a check for the following amo nake check payable to: FLORIDA DE .00 Filing Fee \$78.75 Filing Certificate o	PARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

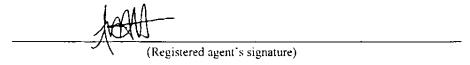
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

ì.	Last Country, Ir	nc.				
		orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D,"	"COMPANY," "CORPORATION,"		
		able in Florida, enter alternate corporate nar	ne a	dopted for the purpose of transacting business	in Flori	da)
2.	Nevada		3	93-2833557		
	(State or country under the law of which it is incorporated)		٠	(FEI number, if applicable)		
4.	7/31/23		5.	n/a		
•	(Date of incorporation)		٠	(Date of duration, if other than perpetual)		
6.	8/1/23					
/		B. Boca Grande, FL 33921		02, F.S., to determine penalty liability) e street address)		
_		(Current ma	iling	address. if different)	2024 NOV 25 PH 4: 02	· <u> </u>
8.	Name and stree	et address of Florida registered agent: (O.S	Box NOT acceptable)	8	
	Name:	Annabel Scott			3	: _}
Office Address:	333 Park Ave #2B			L: 02	`	
		Boca Grande		. Florida 33921		
		(City)		(Zip code)		
	n					

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.



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.

A. DIRECTORS				
■ Chairman	Name:	□Chairman	Neil Patel Name:	
□Vice Chairman	Address: PO Box 267	□Vice Chairman	Address:	
□Director	Boca Grande, FL 33921	□Director	4800 Nethercott Lane	
□President		□President	Wilson, WY 83014	
□Vice President		□Vice President		
□Secretary	☐Treasurer	☐ Secretary	Treasurer	
□Other	□Other	■Other	□Other	
□Chairman	Annabel Scott	□ Chairman	Name:	
□Vice Chairman	333 Park Ave #2B	□Vice Chairman	Address:	
□Director	Boca Grande, FL 33921	Director		
□President		□President		
□ Vice President		□Vice President		
□ Secretary	☐Treasurer	☐ Secretary	□Treasurer	
Other VP of Op	DOTHER	[]Other	□Other	
□Chairman	Name:	□Chairman	Name:	
	Address:		Address:	
□Director		□Director		
□President		□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
⊡Other	□Other	□Other		
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct	tment of State Annual Re		d
	,			
	etor signing this document (and who is listed in nurulse information submitted in a document to the Dep			
13. Annabel Sco	ott, VP of Operations			

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Last Country, Inc. as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/31/2023, and in good standing in this State.

I further certify that the above DOMESTIC CORPORATION (78) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202411265218592

You may verify this certificate

online at https://www.nysilverflunie.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/26/2024.

FRANCISCO V. AGUILAR Secretary of State