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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

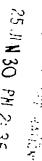
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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	EarlySignals.ai Corp			
SOBJECT.	Name of	corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate o ced foreign corporation to tran	f Good Stand	ing" and check are subm	
Please return	all correspondence concerning	g this matter t	o the following:	
Valentina Lug	0			
		Name of P	erson	
		Firm/Comp	anv	
1007 N Orange	e St. 4th Floor Suite #1382	- ,	•	
	-	Addres	s	
Wilmington, D	Delaware 19801			
-		City/State and	d Zip code	
agent@firstbas	se.io			
	E-mail address:	(to be used fo	r future annual report not	tification)
For further in	formation concerning this mat	ter, please ca	11:	
Valentina Lug	o a	929	3050668	
Nam	e of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a Please make of \$70.00 Fil	check for the following amounteck payable to: FLORIDA DEFing Fee	PARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

CarlySianals at Corn

under the law of which it is incorporated.

If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Delaware	39-2456487	
State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
05/27/2025	5	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
00 Mystic Poir	nte Dr 1808 Aventura Florida 33180	
	(Principal of	Tice street address)
	(Current maili	ing address, if different)
ame and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Firstbase Agent LLC	
ce Address:	111 NE 1st St, 8th Floor Suite #88592	
ice Address.	Miami	33132
	17714777	, Florida 33132(Zip code)
	(City)	(Zip code)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
Chairman	Name:	Chairman	Alejandro Salgado Name:			
□Vice Chairman	Address: 38 Warner St 420	□Vice Chairman	Address: Carrera 19 # 91 - 54			
Director	Brisbane Queensland Australia 4006	□Director	Bogota Cundinamarca Colombia 110221			
President		□President				
□Vice President		□Vice President				
□Secretary	Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other CEO	Other			
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □CFO □Other	Jose Vicente Puerto Name:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Name:			
□ Chairman	Name:	□Chairman	Name:			
	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 individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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. Davido Robin Giorgi - President						
Davide Robin Giorgi - President						

Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "EARLYSIGNALS.AI CORP" 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 EIGHTEENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EARLYSIGNALS.AI"

CORP" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchey

Authentication: 203985103

Date: 06-18-25

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