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Name:	SMART SPE	END AI, INC.	
Document #:			
Order #:	16483482		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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Thank you!

COVER LETTER

то:		tration Section ion of Corporations		
SUBJI	ECT:	Smart Spend AI, Inc.		
50		Name o	f corporation	- must include suffix
Dear S	ir or M	adam:		
"Certif	icate o	"Application by Foreign Corf Existence," or "Certificate of the Coreign corporation to transfer to the corporation to the corpo	of Good Stand	Authorization to Transact Business in Florida." ling" and check are submitted to register the s in Florida.
Please	return	all correspondence concernir	ng this matter	to the following:
Heigh k	Kuga, P	aralegal		
			Name of I	Person
Husch	Blackw	ell LLP		
			Firm/Com	pany
1801 P	ennsylv	rania Avenue, NW Suite 1000		
			Addre	ss
Washir	ngton, E	o.C. 20006		
			City/State ar	id Zip code
Chaitu	Sama@	smartspendai.ai		
		E-mail address:	(to be used for	or future annual report notification)
For fur	rther in	formation concerning this ma	atter, please ca	all:
lleigh I	Kuga		at (202	378-9318
,,	Nam	e of Person	Area Code) 378-9318 Daytime Telephone Number
	Regis Divis The 0 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	make cl	check for the following amoneck payable to: FLORIDA DE ing Fee	PARTMENT g Fee &	OF STATE \$78.75 Filing Fee &

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.

(If name unavaila	ble in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
Delaware		3. 33-5062669
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
07/25/2025		5(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
<u> </u>		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
3800 S. Ocean Di	ive, Suite 228, Hollywood, FL 33019	
	(Principal o	
Name and street	(Current maint address of Florida registered agent: (Factorial C T Corporation System	P.O. Box NOT acceptable)
rvanic.	1200 South Pine Island Road	
	·	, Florida 33324
	Plantation	(Zip code)
ffice Address:	Plantation (City)	(21) (000)
ffice Address: Registered ago laving been namesignated in this arther agree to cond I am familian	(City) ent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statute, with and accept the obligations of my	rvice of process for the above stated corporation at the antiment as registered agent and agree to act in this capa is relative to the proper and complete performance of magnition as registered agent.
ffice Address: Registered ago faving been namessignated in this firther agree to co find I am familian	(City) ent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statute.	rvice of process for the above stated corporation at the national as registered agent and agree to act in this capa is relative to the proper and complete performance of magnetion as registered agent. Stephanie Hencz, Assistant Secretary

^{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	Name:	_
□Vice Chairman	Address:	□Vice Chairman	Address:	_
Director	Hollywood, FL 33019	□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:	<u>-</u>
□Director		□Director	5	?
□President		□President	PH 2	<u></u>
□Vice President		□Vice President	2: 5 ₀	
☐ 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	_
individuals may be	Use an attachment to report more than six (6). The atta attachment to report more than six (6). The attachment index when filing your Florida Department Chairman Sama Signature of Director of Dire	ent of State Annual R	ged for reporting purposes only. Non-indexed Report form.	
The officer or dire she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms to ment of State constit	that the facts stated herein are true and that he tutes a third degree felony as provided for in	or
Chaitu Sam	a, CEO			

Page 1

Delaware The First State

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

OF DELAWARE, DO HEREBY CERTIFY "SMART SPEND AI, 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 FIFTEENTH DAY OF AUGUST, 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
Authentication: 204490119

C. G. Sanchez

Date: 08-15-25