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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company GOTCHA MOBILE HOLDINGS, LLC

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COVER LETTER

BJECT:			_	
Name of Limited Liability Company				
		company for Authorization to Transact Business in Florida eferenced foreign limited liability company to transact bus		
se return	all correspondence concerning this matter to	the following:		
	Marty Kennedy, Paralegal			
	Name of Person			
	Perkins Coie LLP			
	Firm/Company			
	3150 Porter Drive			
Address			_	
Palo Alto, CA 94304				
City/State and Zip Code			_	
	MKennedy@perkinscole.com			
	E-mail address: (to be	used for future annual report notification)		
further information concerning this matter, please call:			-7	
Marty Kennedy		650 838-4434 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number	- ,	
Mailing Address:		Street Address:	- ;	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
_	closed is a check for the following amount:			

PAGE

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and accept the obligations of my position as registered agent.

By:

Corporation Service Company

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Gotcha Mobile Holdings, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C," or "L.L.C." 86-1219857 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FRI number, if applicable) (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability) 2901 Florida Avenue, Suite 840 2901 Florida Avenue, Suite 840 (Mailing Address) (Street Address of Principal Office) Miami, FL 33133 Miami, FL 33133 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 , Florida (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Bolt Mobility Corporation	□Manager	Name: Ignacio Tzoumas
■Member	Address: 2901 Florida Avenue	□Member	Address: 2901 Florida Avenue
□Authorized	Sulte 840	■ Authorized	Suite 840
Person	Miami, Florida 33133	Person	Miami, Florida 33133
Other	Other	□ Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	☐ Me mber	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Ignacio Tyounas		
**************************************	Signature of an authorized person	
Ignacio Tzoumas		
	Typed or printed name of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOTCHA MOBILE HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOTCHA MOBILE HOLDINGS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202505480

Date: 02-12-21

4544283 8300 SR# 20210444988