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(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
- Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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S. ROBERTS
DEC 0 9 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 165637 8291514

AUTHORIZATION

COST LIMIT : V\$\\7.0.00

ORDER DATE : October 25, 2021

ORDER TIME : 11:29 AM

ORDER NO. : 165637-055

CUSTOMER NO: 8291514

FOREIGN FILINGS

NAME: GRID.AI, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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.

	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)	
Delaware	3	84-3916047		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
11/22/2019	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
11/01/2021		,		
32 Cooper Squar	e 3rd Floor New York NY 10003			
32 Cooper Squar	e, 3rd Floor New York, NY 10003 (Principal offic	e <u>street</u> address)		
32 Cooper Squar	(Principal offic	e <u>street</u> address) gaddress, if different)	2021 SEt T <i>I</i>	
	(Principal offic	address, if different)	3021 DE SEURE TALL	
	(Principal offic	address, if different)	SEURE DE CE TALLAHAS	
Name and stree	(Principal office) (Current mailing et address of Florida registered agent: (P.O.)	address, if different)	−9 HAS	
. Name and stree	(Principal office (Current mailing et address of Florida registered agent: (P.O) Corporation Service Company	address, if different)	-9 HAS	

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.

Corporation Service Company	
By: Eylina Bahor	
(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.

A. DIRECTORS	•		0. 1.0			
□Chairman	William Falcon Name:	□Chairman	Sarah Cannon Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address: 32 Cooper Square, 3rd Floor			
■ Director	New York, NY 10003	■Director	New York, NY 10003			
President		President				
□Vice President		□ Vice President				
Secretary	Treasurer	☐ Secretary	□Treasurer			
Other	Other	□Other	Other			
	Carvo Marooney					
□Chairman	Name:	□ Chairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
Director	New York, NY 10003	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:			
□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.						
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.

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRID.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 TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRID.AI, INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204789058

Date: 11-24-21

7717564 8300 SR# 20213897080